

**Internship completion confirmation
and student evaluation**

Name, Surname:

Study program:

Date of Internship admission protocol conclusion:

Internship provider:

Provider's registered office:

Address of the workplace where the internship took place:

Okomentoval(a): [PCR11]:

Internship period:

Number of full-day absences from the workplace and reasoning (illness, study, private affairs, etc.):

Summary of the student's activities during the internship:

Employee responsible for organization and objectives of the internship:

Name, Surname:

Company position:

The evaluation was prepared by:

Guarantor: Ing. Rudolf Vohnout, Ph.D.

(stamp and signature):

Date:

Date of acquaintance of the student with the evaluation:

Student signature: