**CERTTIFICATE AND EVALUATION ON THE PERFORMANCE OF INTERNSHIP**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Data of the student:**

|  |
| --- |
| Name: |
| Neptun code: |
| Form of financing: supported/ tuition fee *(Please underline)* |
| Level of the programme: BA/BSC programme/ MA/MSC programme *(Please underline)* |
| Work schedule of the programme: full time / part time *(Please underline)* |
| Specialization: |
| Notification address:  |
| Phone: |
| Email address: |

 |
| **2. Information on the location of the internship:**

|  |
| --- |
| Name of the of the internship location: |
| Place of the internship (address):  |
| Phone: |
| Email address: |
|  |

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|

|  |
| --- |
| **3. Data of the professional person responsible at the place of internship:**  |
| Position: |
| Phone: |
| Email address: |

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| **4. Data of the persons supervising directly the internship:** [[1]](#footnote-1)

|  |
| --- |
| Name: |
| Position: |
| Phone: |
| Name: |
| Position: |
| Phone: |

 |
| **5.** **Description and time schedule of the tasks and main activities to be performed by the student during the internship (action plan):** [[2]](#footnote-2) |
| **6. Data of the professional tutor at the university:**Position: Phone:Email address: |
| **7. Time of the internship: from…………………………..to………………………………..**  |

**Dated: , day month year**

|  |  |
| --- | --- |
| **………………………………****signature of the professional tutor at the university** | **………………………………****signature of the professional person responsible at the place of internship**  |
|  |  |

**detailed evaluation of the student**

|  |  |
| --- | --- |
| **Criteria for the evaluation of the work** **performed:** | Please, fill in the proper column. |
| **excellent**  | **good** | **average** | **satisfactory** | **failure** |
| 1. Interest for the work
 |  |  |  |  |  |
| 1. Initiative talent
 |  |  |  |  |  |
| 1. Power of conception
 |  |  |  |  |  |
| 1. Precision
 |  |  |  |  |  |
| 1. Quality of the work performed
 |  |  |  |  |  |
| 1. Capability for expressing own opinion
 |  |  |  |  |  |
| 1. Constructive ideas
 |  |  |  |  |  |
| 1. Team spirit (integration in the workplace)
 |  |  |  |  |  |
| 1. Communication skills
 |  |  |  |  |  |
| 1. Perception of the management hierarchy
 |  |  |  |  |  |
| **Short written evaluation of the internship of the student:** |
| We certify, that the student concerned spent his internship between 20..…year…..month ….day and 20…..year …..month ….day at the location of the internship.In the internship the student has[[3]](#footnote-3) |
|  **not met the requirements** | **met the requirements** |  **met the requirements excellently** |
| **Signature of the professional person responsible at the place of internship:** | **……………………………………………………………..** |
| **………………………………………., ....day …………………………month ………year** |

1. If the person varies from the person responsible for the place of internship [↑](#footnote-ref-1)
2. To be filled out by the university’s professional tutor. [↑](#footnote-ref-2)
3. Please underline [↑](#footnote-ref-3)