



STUDENT INFORMATION

The report must be completed on a computer. Recommended program: Adobe Acrobat Reader.

| | | | |
|---------|--|----------------|--|
| Name | | Major | |
| Surname | | Student number | |

full-time studies

part-time studies

INTERNSHIP TYPE

Please mark the performed type of internship by choosing the appropriate button:

1. student internship

2. employment or B2B work

3. other:

After selecting the type of internship, please provide the following documents, based on the button number:

| Required documents based on the type of internship | 1. | 2. | 3. |
|--|----|----|----|
| A copy of an employment certificate or of a contract | | ● | |

Regardless of the internship type, student's work should be treated as a regular internship and this document should be completed accordingly.

INTERNSHIP INFORMATION

| | | | | | |
|-----------------------|--|--|--|---------------|--|
| Internship start date | | No. of weeks | | Days per week | |
| Internship end date | | <i>Please fill in an average value</i> | | Hours daily | |

| | |
|--|--|
| Internship provider (company etc.) | |
| Internship provider's address | |
| Internship supervisor at the company | |
| Internship subject | |
| Intern's scope of duties | |
| Projects completed during the internship; other accomplishments | |

I confirm that all the supplied information is correct.

.....
Student's signature

.....
Internship provider's signature and stamp

.....
date

.....
position

In the absence of the internship provider's stamp, a document confirming the business activity of the company where the internship took place is required.

COMMENTS

Your comments help us improve the educational program at the Polish-Japanese Academy of Information Technology. We would appreciate any suggestions.

| | |
|--|--|
| Student's remarks <i>Including a mention about the organization of the internship</i> | |
| Internship provider's remarks <i>In particular about the student's expertise</i> | |
| Internship provider's suggestions <i>In particular about the PJAiT curriculum</i> | |

.....
Student's signature

.....
Internship provider's signature

INTERNSHIP SETTLEMENT

Filled by the Rector Plenipotentiary for Student Internships

Total number of internship hours

.....
date

.....
Rector Plenipotentiary for Student Internships' signature and stamp