



Cover Sheet of Training Report

(Surname, first name)

Course of study: _____

Registration No: _____

Faculty counsellor: _____

E-mail-address: _____

Report No. 1 2
(number of reports based upon Faculty requirements)

Internship semester

Internship position:
(company, public authorities)

SS/WS: _____



Please leave blank



Internship supervisor (company):

Report reviewed by:

(Name, telephone of Internship supervisor)

(Signature of Internship supervisor)

Internship period: from _____ till _____

Time period of the report: from _____ till _____

Area of training:
(Topic)

The undersigned assures that he/she has written the paper without support using only the sources stated.

(Place, date)

(Signature of student)