*Annex No. 13 to Regulation No. 95/2020*

**INFORMATION CARD (REPORT) ON THE STUDENT INTERNSHIP**

Student’s name and surname:………………………...………………………………………….. Field of study:………………………………………………………………………………... Year of study:…………….…………………………… ………………………………………... Academic year:…..……………………………………………………………………………... Number of hours :………………………………………………………………………………

Descriptive evaluation:

(description of the skills acquired by the student trainee at the Workplace)

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Grade:

(Grading scale: 2- insufficient, 3- satisfactory, 3.5- satisfactory plus, 4- good, 4.5- good plus, 5- very good)

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(signature of the Workplace Internship Supervisor) (signature of Director, Workplace stamp)