Alternative internship diary

First and last name of the student:……………………………………………………………………..

Number of album:………………………………………………………………………….

Specialty:…………………………………………………………………………………………….

Direction:……………………………………………………………………………………………

Faculty of Mathematics and Computer Science, University of Lodz

Fill in at the workplace

Name and address of the workplace	Practice period (from … to …)	Confirmation of commencement of internships (signature / stamp)	End of internship (signature / stamp)	Number of hours worked (signature)

To be completed by the tutor at the Faculty of Mathematics and Computer Science:

Number of hours / weeks:……………………………………………………………….

Mark:………………………………………………………………………………………

Signature:………………………………………………………………………………

Weekly schedule of activities

Name and address of the workplace:………..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: …………………………………………………………………………………………..

Weekly schedule of activities

Name and address of the workplace:……..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: ……………………………………………………………………………………..

Weekly schedule of activities

Name and address of the workplace:……..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: …………………………………………………………………………………………..

Weekly schedule of activities

Name and address of the workplace:……………………………………………………………………………………………..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: ……………………………………………………………………………..

Weekly schedule of activities

Name and address of the workplace:……..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: ………………………………………………………………………………………………..

Weekly schedule of activities

Name and address of the workplace:………………………………………………………………………………………………………..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: …………………………………………………………………………………………..

Weekly schedule of activities

Name and address of the workplace:……………………………………………………………………………………………..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: …………………………………………………………………………………..

Weekly schedule of activities

Name and address of the workplace:……..

Date	From ….. to …… (hours)	Number of hours	Activities carried out during the internship

Signature of the tutor at the workplace: ………………………………………………………………………………………..

Final remarks of the tutor in the workplace:

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Student's final remarks:..

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