|  |  |  |
| --- | --- | --- |
|  | **POZNAN UNIVERSITY OF TECHNOLOGY** **Faculty Enter faculty name** | **Attachment no. 8** |

REPORT ON INTERNSHIP COMPLETION

1. STUDENT DETAILS

Name and surname:

Student ID no.:

Field of study:

Specialization:

Semester:

Academic year:

1. ENTERPRISE DETAILS

Name of Enterprise:

Address**:**

Place of Internship:

1. DETAILS OF ENTERPRISE REPRESENTATIVE (internship supervisor on behalf of the enterprise)

Name and surname of Internship Supervisor in behalf of the Enterprise**:**

Position / Department:

E-mail address**:**

Contact phone number (business):

1. PLACE AND DATE OF INTERNSHIP

Place of Internship:

Start date of Internship:

End date of Internship:

Working hours per week:

List of departments / positions where the student intern worked:

-

-

Description of the Enterprise (e.g. type of activity, range of products manufactured or services provided):

\*cross out unnecessary information

1. DESCRIPTION OF ACTIVITIES CARRIED OUT BY THE STUDENT DURING THE INTERNSHIP

Weekly Internship Summary: Week 1

|  |
| --- |
| **From date:** Click to enter date **To date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Weekly Internship Summary: Week 2

|  |
| --- |
| **From date:** Click to enter date **to date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Weekly Internship Summary: Week 3

|  |
| --- |
| **From date:** Click to enter date **to date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Weekly Internship Summary: Week 4

|  |
| --- |
| **From date:** Click to enter date **to date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

ATTENTION!

The number of weeks should be adjusted to the length required in the programme of studies.

………………….………..

Date and Student signature

1. **DURING THE INTERNSHIP, THE FOLLOWING LEARNING OUTCOMES HAVE BEEN ACHIEVED**

**(PLEASE MARK THE APPROPRIATE COLUMN WITH X):**

|  |  |  |
| --- | --- | --- |
| **LEARNING OUTCOME** | **YES** | **NO** |
| The student has acquired knowledge in the field of chemistry and/or other related areas of science, allowing for formulating and solving complex tasks related to chemical technology and engineering and in related fields. |  |  |
| The student has acquired knowledge in the field of chemical and related processes, including the appropriate selection of materials, raw materials, methods, techniques, apparatus and devices for the implementation of chemical and related processes and characterization of the obtained products. |  |  |
| The student has acquired knowledge in the field of the latest chemical and material technologies, including the technology of advanced materials and nanomaterials. |  |  |
| The student acquired knowledge of environmental protection problems related to the implementation of chemical and related processes. |  |  |
| The student has the ability to communicate with specialists in the field of chemical technology and related fields. |  |  |
| The student is able to use professional software, using them e.g. for designing chemical processes, supporting the implementation of tasks typical of chemical technology and engineering, planning chemical experiments, examining their course or proper interpretation of results. |  |  |
| The student has the ability to plan a technological project, including resource analysis, technical design, financial evaluation of the project, environmental impact analysis or marketing. |  |  |

 ………………………..…………..

 Signature and stamp of

the Internship Supervisor on behalf of the Enterprise

**I confirm that the learning outcomes provided for the internship have been achieved.**

………………………..………..

 Signature of Internship Supervisor
 on behalf of the University