

## 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 position:  
*(company, public authorities)*

Practical semester SS/WS: \_\_\_\_\_



please leave empty

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 signatory assures that he/she has written the report without support using only the sources stated.

\_\_\_\_\_

*(Place, date)*

\_\_\_\_\_

*(Signature of student)*