

## Cover sheet of training report

\_\_\_\_\_  
(Surname, first name) Course of study: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Faculty counsellor: \_\_\_\_\_

E-mail-address: \_\_\_\_\_ Report No. 1

Internship position: \_\_\_\_\_ Initial internship  
(company, public authorities)

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please leave empty

Internship supervisor (company): \_\_\_\_\_ Report reviewed by: \_\_\_\_\_  
(Name, telephone of Internship supervisor) (Signature of Internship supervisor)

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)