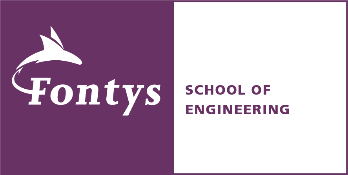
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**DAY DECLARATION Internship student**

Student’s last name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Internship company : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s first name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company’s city : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluated by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period from :\_\_\_\_\_ ‑ \_\_\_\_\_ ‑ 20\_\_\_ until :\_\_\_\_\_ ‑ \_\_\_\_\_ ‑ 20\_\_\_

S T A T E M E N T

During this period the above-mentioned trainee has fulfilled his/her internship days:

|  |  |  |
| --- | --- | --- |
| Number of workable days: |  |  |
| Number of company holidays: |  |  |

During this period the trainee did not work the following number of days:

|  |  |  |
| --- | --- | --- |
| Number of Christian holidays: |  |  |
| Number of sick leave days: |  |  |

|  |  |  |
| --- | --- | --- |
| Total number of acknowledged: |  | worked days |

Explanation

In a total of 100 worked days it is allowed to account two days off caused by company holidays. (less than 100 trainee days, count company holidays per ratio).

Sick leave days and holidays do not count as working days.

|  |  |  |
| --- | --- | --- |
| Stamp of the company |  | Signature company supervisor |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fill out (every week)  From………...to….….……. | Global description of the activities | Initials company mentor | W | OR | AS | H | D |
|  |  |  |  |  |  |  |  |
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**Overview internship activities**

W = Working day

OR = Obligatory reflection day at school (not an exam)

AS = Obligatory ATV-day

H = Holiday

D = Absence due to illness day