

Diary-report on the passage of professional practice (Internship)

Full name of the student _____

№	The name of the performed works for each day according to the program of professional practice	Terms of performance of separate subjects, works of professional practice		Report on the implementation of certain topics, works of professional practice
		beginning	end	

Recommendations of the student:

Student signature

Assessment of the head of practice from the company.
_____% (____)

Full name of the head of the practice from the company.

Signature of the head

(place of seal)

Assessment of the head of practice from the University.
_____% (____)

Full name of the head of the practice from the University.

Signature of the head

(place of seal)