

**FACULTY OF ARCHITECTURE AND ENGINEERING
DEPARTMENT OF COMPUTER ENGINEERING
PROFESSIONAL PRACTICE APPROVAL FORM**

To be completed by the student and Institution/Company/Entity

Name / Surname : XHOEL BANO
Class / ID no. : COMPUTER ENGINEERING 3 / K10624051I
Course-Title and Code : PROFESSIONAL PRACTICE CEN 351
Required Practice Duration : 73 practice days
Professional Practice Period : 14/06/2021 - 24/09/2021
Institution/Company/Entity : OTP BANK ALBANIA
Address : TWIN TOWERS, BLV. "DESHMORET E KOMBIT", KULLA 1, KATI 9
County : ALBANIA
City : TIRANA
Country : ALBANIA

APPROVAL OF THE PROFESSIONAL PRACTICE PLACE

We approve that the student named above will be engaged as an intern in our..... office
days per week and between/...../..... -/...../..... under the supervision of
(Name Surname of Appointed Professional Practice Site Supervisor).

Name / Surname :
Title / Position :
Seal / Signature :

To be completed by the respective EPOKA University Department

APPROVAL OF THE DEPARTMENT OF

The student named above is approved to be engaged as an intern in the statedoffice between
...../...../..... -/...../.....

Name / Surname :
Title / Position :
Seal / Signature :

Please keep a copy for yourself and give a copy to the student to submit to the Department Professional Practice Supervisor.