

John Paul II Catholic University of Lublin

Faculty ..................................

field: ..........................., studies \*

**Internship journal**

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name and surname of the Intern

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student book number

Faculty’s stamp Signature of the Internship Supervisor

\**form* *(full-time, part-time) and level (BA/BSc, supplementary MA/MSc and uniform master’s studies) of education*

Intern’s name and surname, student book number

# Compulsory internship

**Host Institution** .......................................................................................................

### address: ..............................................................

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Name of the organisational unit/units of the Host Institution in which the Intern is undergoing the internship:

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**Intern's Mentor**

Name and surname: ....................................................................

Function / position: ...........................................................

Internship commencement date: .....................................................

Internship end date: ....................................................

Host institution's stamp Signature of the Intern's Mentor

Intern’s name and surname, student book number

**Instructions**

Detailed rules and instructions for internships resulting from the curriculum, as well as the conditions for being awarded credits for internships are specified in the Internship Regulations approved by the Rector of the Catholic University of Lublin.

Number of hours of the internship: ..............................................................

## Learning outcomes to be achieved through the internship\*

|  |  |  |
| --- | --- | --- |
| **Outocme symbols** | **Content of the outcome** | **Reference to the field-related outcome (symbol)** |
| In the field of knowledge |
|  |  |  |
|  |  |  |
|  |  |  |
| In the field of skills |
|  |  |  |
|  |  |  |
|  |  |  |
| In the field of social competences |
|  |  |  |
|  |  |  |
|  |  |  |

\**For* *the field / specialisation / major to be prepared the Internship Supervisor on the basis of the learning outcomes approved by the Senate and to be made available to students for printing; the number of rows of the table should be changed depending on the needs*

Intern’s name and surname, student book number

#### INTERNSHIP RECORD[1](#_bookmark0)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**[**2**](#_bookmark1) **and number of hours** | **Description of the work performed, duties entrusted and functions performed** | **Reference to the expected learning outcomes**[**3**](#_bookmark2) | **Confirmation of the achievement of the expected learning outcomes****and signature of the Mentor** | **Notes** |
| **1** | **2** | **3** | **4** | **5** |
|  |  |  | I confirm / do not confirm |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1 Columns 1-3 to be filled by the Intern, columns 4-5 to be filled by the Intern's Mentor, the number of rows of the table should be changed depending on the needs

2 In the case of repeatability of the performed work and functions, it is possible to present the entrusted duties in a weekly system

3 The tasks carried out must relate to all learning outcomes shown in the instructions

Intern’s name and surname, student book number

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| --- | --- | --- | --- | --- |
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Descriptive assessment by the Intern's Mentor

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Descriptive assessment by the Internship Supervisor

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date and signature of the Intern's Mentor

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date and signature of the Internship Supervisor