**Journal of Practice Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | | Name and address of the institution | Duration of the practice | Results of the practice  (Signature of supervisor of a student’s apprenticeship) |
| Academic year | Studies / Faculty |
|  |  |
| Student's name | Register number |  | From ..........................................  Till ........................................... |  |
|  |  |
| I declare that I accept the rules of continuous apprenticeship at the Faculty of International and Political Studies of University of Lodz as well as the regulations of the institution where I will have a practice.  Place, date :.............................................................................................  Signature of student : ............................................................................. | | | | |
| I declare that the student has completed a practice in.............. hours, in the period from ...............till ...............  Suggested assessment of student’s work during the practice: ......................................................................................................................................................................................................................................................................................................................................................................  Place, date :.............................................  Signature of the institution practice supervisor and stamp of institution:............................................................. | | | | |