



**FACULTY OF PHARMACY WITH THE DIVISION OF
LABORATORY MEDICINE**

MEDICAL UNIVERSITY OF BIAŁYSTOK

Attachment no. 1 to the Tripartite Internship Agreement

INTERNSHIP JOURNAL



.....
(Seal of the Faculty)

Mr/Ms.....
(name and surname of the intern)

.....
(internship started on)

.....
(Receiving Institution)

.....
(name and surname of Supervisor designated by MUB)

.....
(internship journal issued on)



PART I

Weekly list of practical tasks performed by the intern.

Date	Number of hours	List of tasks

.....
(signature of the intern)

.....
(signature of Internship Supervisor
designated by the Receiving Institution)



Weekly list of practical tasks performed by the intern.

Date	Number of hours	List of tasks

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(signature of the intern)

.....
(signature of Internship Supervisor
designated by the Receiving Institution)



Weekly list of practical tasks performed by the intern.

Date	Number of hours	List of tasks

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(signature of Internship Supervisor
designated by the Receiving Institution)



Weekly list of practical tasks performed by the intern.

Date	Number of hours	List of tasks

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(signature of the intern)

.....
(signature of Internship Supervisor
designated by the Receiving Institution)



Part II

.....
Name of receiving institution

OPINION OF INTERNSHIP SUPERVISOR DESIGNATED BY THE RECEIVING INSTITUTION

Student's name:

Field of study:

Please complete the table by ticking YES or NO for each of the points.

No.	Implementation of internship programme	YES	NO
1.	Ability to apply the acquired competences in practice		
2.	Ability to work and communicate in a team		
3.	Ability to organize one's work effectively		
4.	Ability to complete assigned tasks		
5.	Progress in the area of practical activities		
6.	Implementation of individual internship programme		

Student completed 360 hours of internship in the period from to

Observations concerning the student (optional):

.....
.....
.....
.....

.....
Date

.....
Signature of Internship Supervisor
designated by the Receiving Institution



PART III

.....
Name of receiving institution

CERTIFICATE OF INTERNSHIP COMPLETION

I hereby confirm that the student

.....
(name and surname)

of the year,

of

has completed 360 hours/3 months of internship at

.....
(name of institution)

from to

No. of internship agreement:

The internship was carried out as part of the project entitled “High quality internship programmes at the Faculty of Pharmacy with the Division of Laboratory Medicine of Medical University of Białystok” co-financed from the Knowledge Education Development 2014-2020 Programme.

.....
Date and signature of Internship Supervisor
designated by the Receiving Organization

