*Attachment no. 1 to Tripartite Internship Agreement*

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Place, date

 **FINAL REPORT**

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| **Report number** |

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| **Intern’s name and surname** |

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| **Place of internship** |

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| **Duration of internship** |

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| **Skills and competences recommended in the internship programme** |

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|  - skills and competences listed in the internship programme to be listed here  |

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| **Skills and competences acquired by the intern in the course of the internship** |

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|  Acquisition of competences to be confirmed here  |

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| **Opinion of Internship Supervisor designated by the Receiving Institution** |

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| --- |
|  positive/negative  |

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 **……………………………………………………………**

**Date, stamp and signature of MUB Supervisor**