*Attachment no. 1 to Tripartite Internship Agreement*

……………………………………………..

Place, date

**FINAL REPORT**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Report number** | |  |
| |  | | --- | | **Intern’s name and surname** | |  |
| |  | | --- | | **Place of internship** | |  |
| |  | | --- | | **Duration of internship** | |  |
| |  | | --- | | **Skills and competences recommended in the internship programme** | | |  | | --- | | - skills and competences listed in the internship programme to be listed here | |
| |  | | --- | | **Skills and competences acquired by the intern in the course of the internship** | | |  | | --- | | Acquisition of competences to be confirmed here | |
| |  | | --- | | **Opinion of Internship Supervisor designated by the Receiving Institution** | | |  | | --- | | positive/negative | |

**……………………………………………………………**

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