



Attachment nr 3 to Tripartite Internship Agreement

nr.....

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Place, date

FINAL REPORT

Name and Surname of Intern	
Place of Internship	
Duration of Internship (from... to...)	
Skills and competences recommended in the internship program	- fill in the skills and competences from the internship program
Verification of the acquisition of competences recommended in the Analysis of practical competences by the Intern	<p>We confirm the acquisition of recommended competences</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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Date, seal and signature of the MUB supervisor