## **INTERNSHIP SCHEDULE**

(to be filled out by the internship provider before the start of the internship)

Name of the student	
Name of the institution / organisation / company	
Time period	
Short description of the working place:	
Aim of the internship:	
Description of the activities to be carried out during the internship:	
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Place, Date	
Signature of the supervisor of the internship provider	stamp