

PRACTICAL TRAINING FORM

Fill in this form within 1 week from the beginning of your employment
and return it by e-mail to the Internship Officer of the Department.

1. Student Personal Information

Student Name/ Surname	
Department/ Direction	
Company/ Organization Name	
Date of commencement of work	
Date of completion of work	
Workplace address	
Work Number	
Fax Number	
Email at the workplace	
Residence address	
Mobile phone	
Personal email address	

2. Company / Organization details

Part of the company/ organization you work for	
Name of your personal manager in the company / organization (supervisor)	
Telephone of supervisor	
Email of supervisor	
Payment	
Company / organization postal address	
Company / organization phone	