



**FACULTY OF PHARMACY WITH THE DIVISION OF  
LABORATORY MEDICINE**

**MEDICAL UNIVERSITY OF BIAŁYSTOK**

Attachment no. 2 to the Tripartite Internship Agreement

# **INTERNSHIP JOURNAL**



.....  
(Seal of the Faculty)

Mr/Ms.....  
(name and surname of the intern)

.....  
(internship started on)

.....  
(Receiving Institution)

.....  
(name and surname of Supervisor designated by MUB)

.....  
(internship journal issued on)



**PART I**

**Weekly list of practical tasks performed by the intern.**

Date	Number of hours	List of tasks

.....  
(signature of the intern)

.....  
(signature of Internship Supervisor  
designated by the Receiving Institution)



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Date	Number of hours	List of tasks

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(signature of the intern)

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(signature of Internship Supervisor  
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designated by the Receiving Institution)



**Weekly list of practical tasks performed by the intern.**

Date	Number of hours	List of tasks

.....  
(signature of the intern)

.....  
(signature of Internship Supervisor  
designated by the Receiving Institution)



**Part II**

.....  
 Name of receiving institution

**OPINION OF INTERNSHIP SUPERVISOR DESIGNATED BY THE RECEIVING INSTITUTION**

**Student's name:** .....

**Field of study:** .....

*Please complete the table by ticking YES or NO for each of the points.*

No.	Implementation of internship programme	YES	NO
1.	Ability to apply the acquired competences in practice		
2.	Ability to work and communicate in a team		
3.	Ability to organize one's work effectively		
4.	Ability to complete assigned tasks		
5.	Progress in the area of practical activities		
6.	Implementation of individual internship programme		

Student ..... completed 240 hours of internship in the period from ..... to .....

**Observations concerning the student (optional):**

.....  
 .....  
 .....  
 .....

.....  
 Date

.....  
 Signature of Internship Supervisor  
 designated by the Receiving Institution





**PART III**

.....  
Name of receiving institution

**CERTIFICATE OF INTERNSHIP COMPLETION**

I hereby confirm that the student

.....  
*(name and surname)*

of the ..... year,

of .....

has completed 240 hours/2 months of internship at

.....  
*(name of institution)*

from ..... to .....

No. of internship agreement: .....

The internship was carried out as part of the project entitled “Programme of Integrated Development of Education Quality at Medical University of Białystok” co-financed from the Knowledge Education Development 2014-2020 Programme.

.....  
Date and signature of Internshin Supervisor



**European  
Funds**  
Knowledge Education Development



**European Union**  
European Social Fund

