# PRACTICAL ACTIVITY MODULE IMPLEMENTATION CARD

**STUDY LEVEL: 1ST**

**Personal information**

|  |  |
| --- | --- |
| First and last name |  |
| Album no |  |
| Department, faculty, specialization |  |
| Full-time/part-time |  |
| Year/semester |  |

**PART A: TRAINEESHIP**

**Traineeship organizer information**

|  |
| --- |
| **Traineeship confirmation**(to be filled out by traineeship organizer within the company/institution) |
| Name and address of the company/institution |  |
| Traineeship duration  |  |
| Job descritpion |  |
| Comments |  |
| Signature of traineeship organizer and company/institution  |  |

# Framework traineeship programme – lists of tasks and activities

* ...............................................................................................................................................
* ...............................................................................................................................................
* ...............................................................................................................................................
* ...............................................................................................................................................
* ...............................................................................................................................................
* ...............................................................................................................................................
* ...............................................................................................................................................

**Tasks of a project subject (project name)**

* ...............................................................................................................................................
* ...............................................................................................................................................
* ...............................................................................................................................................

**Comments:**

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

.................................., day...................................... ……………............................................................ (city) (signature of the workplace representative)

|  |  |  |
| --- | --- | --- |
| **Semester 5** | passed/not passed\* traineeship in the hours of 200, which equals 8 ECTS  | Date and signature of the Dean/traineeship tutor………………………………………. |
| **Semester 6** | passed/ not passed\* traineeship in the hours of 110, which equals 4 ECTS  | Date and signature of the Dean/traineeship tutor………………………………………. |

………………………………….

\*delete as appropriate

**\*\***except the last comumn

**PART B: SUPPLEMENTARY ACTIVITY**

(filled out by the Student)\*\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.**  | **Activity type** | **Type of activity confirmation** | **Number of hours**  | **Date of implementation**  | **Duration (from – to)** | **Trainship acceptane (Yes/No)** |
|  | **Activity for the University**  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Pro-social activity**  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Activities for personal development**  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Semester 6** | Passed/ not passed\* traineeship in the hours of 40, which equals 2 ECTS  | Date and signature of the Dean/traineeship tutor………………………………………. |

……………………………….

\*remove as appropriate