Znak Politechniki WarszawskiejWarsaw University of Technology



**FACULTY OF AUTOMOTIVE AND CONSTRUCION   
MACHINERY ENGINEERING**

*Narbutta 84 str., 02-524 Warsaw*

*Phone. (22) 234 84 30 Fax (22) 234 83 31*

# APPRENTICESHIP REPORT

## ----------------------------------------- FOR STUDENT -----------------------------------------

**Informations about student:**

**Type of study: full-time/part-time**

|  |  |  |
| --- | --- | --- |
| 1. Surname | 2. Name |  |
| 3. Student ID | 4. Year of study | 5. Field of study |

Apprenticeship period: from ……………...……..…….. to ………...……………….…........…..

dd-mm-yyyy dd-mm-yyyy

Apprenticeship workplace:

Workplace name:.………………………………...………………….........………….

Workplace address:…………….…………………………………….........…………..…

Apprenticeship tutor from workplace: (name, surname, phone, e-mail)

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Business profile of the workplace::

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## -------------- FOR DEAN’S STUDENT APPRENTICESHIP REPRESENTATIVE --------------

**Apprenticeship grade:**

*(Grade)* *(Date)*  *(Dean’s Apprenticeship Representative)*

# APPRENTICESHIP REPORT

## -------------- FOR WORKPLACE APPRENTICESHIP TUTOR --------------

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Date/ nr of hours | Completed tasks | Confirmation of presence |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

**Opinion about the student**:

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*(Locality and date)* (*Workplace tutor signature)*