Warsaw 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)

……………….…...………………………………………………………….…..……….......……… ……………….…...………………………………………………………….…..………….......……

Business profile of the workplace::

……………….…...………………………………………………………….…..…………......…… ……………….…...………………………………………………………….…..…………......……

## -------------- 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**:

………………………………………...…………………………………………………………………

………………………………………...…………………………………………………………………

………………………………………...…………………………………………………………………

………………………………………...…………………………………………………………………

………………………………………...………………………………………………………………… ………………………………………...…………………………………………………………………

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