**Journal of Practice Assessment**

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| --- | --- | --- | --- |
| Year  | Name and address of the institution | Duration of the practice | Results of the practice (Signature of supervisor of a student’s apprenticeship) |
| Academic year | Studies / Faculty  |
|  |  |
| Student's name | Register number  |  | From ..........................................Till ........................................... |  |
|  |  |
| I declare that I accept the rules of continuous apprenticeship at the Faculty of International and Political Studies of University of Lodz as well as the regulations of the institution where I will have a practice.Place, date :.............................................................................................Signature of student : ............................................................................. |
| I declare that the student has completed a practice in.............. hours, in the period from ...............till ...............Suggested assessment of student’s work during the practice: ......................................................................................................................................................................................................................................................................................................................................................................Place, date :............................................. Signature of the institution practice supervisor and stamp of institution:............................................................. |