

.....  
Place, date

**CONFIRMATION of student placement – semester V**

I confirm that Mr/Mrs ..... has completed  
his/her internship in:

.....  
.....  
(name and address of the organization)

Between the dates: from.....to.....

Tasks:.....  
.....  
.....  
.....  
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**Assessment of the Employer's Representative - feedback for the student regarding the course of the internship (insert x)**

Learning outcomes fifth semester	Representative's grade					
	2,0	3,0	3,5	4,0	4,5	5
Uses data and information from various departments of the organization and, applying theoretical knowledge in the field of the studied specialization, possesses the ability solve simple problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops practical skills in the field of the studied specialization, by participating in the implementation of assigned tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses information technology used in management processes within the framework of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the need for lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....  
Email adress, phone number

.....  
Employer's Signature