



SUMMER INTERNSHIP FINALIZATION RECORD
(WILL BE FILLED BY THE EMPLOYMENT)

STUDENT'S	
Name and Surname	
ID	
Department/Program	

PRACTICAL WORK DONE	Date		Total work days done in internship	Chief of the unit
	Beginning	End		

EMPLOYER'S				
Title				
Department				
Address				
Telephone Number		Fax		e-mail
EMPLOYER'S OFFICER WHO FILLS THIS FORM				Stamp-Cachet-Signature
Name and Surname				
Title				
Date				

Address of the employer, and the place of the summer intership must be clearly stated.

We want to thank you for providing a summer internship position to our student and wish you success in your business.

Note: This document should be returned to the Faculty after the completion of the internship, so it will be appreciated if this record is filled and delivered to the faculty by the student in an envelope.