



PROFESSIONAL PRACTICE FOR BSC STUDY PROGRAMS

Certificate of Completeness

Name of the Student	
Neptun code	
Name of your major	
Prompt date of the professional practice (from to)	
Place of the Professional Practice	
Name of the external supervisor (outside of the Faculty)	

Evaluation of the student's professional practice:

Has she/he completed his/her professional practice (underline the true one): Yes No

Short summary about the carried out work by the student during the professional practice

Describe the quality of the student's task and work attitude

Reason if the professional practice was not completed

Number of weeks spent with professional practice:

Date and time of absence:

Reason of absence:

Date:.....

Stamp

.....
representative of the Hosting
Institute/Company

.....
signature of the supervisor

I accept the completion of the professional practice on the basis of this certificate and the separate submitted report:

Stamp

.....
Head of the Institute and/or Study Program Coordinator

(Filled out by the Faculty of Science, UP)