**CERTIFICATE AND EVALUATION ON THE PERFORMANCE OF INTERNSHIP**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Data of the student:**   |  | | --- | | Name: | | Neptun code: | | Form of financing: supported/ tution fee *(Please underline)* | | Level of the programmes: BA/BSC programmes/ MA/MSC programmes *(Please underline)* | | Work schedule of the programme: full time / part time *(Please underline)* | | Specialization: | | Notification address: | | Phone: | | Email address: | |
| **2. Information on the location of the internship:**   |  | | --- | | Name of the of the internship location: | | Place of the internship (address): | | Phone: | | Email address: | |  | |
| |  | | --- | | **3. Data of the professional person responsible at the place of internship:** | | Position: | | Phone: | | Email address: | |
| **4. Data of the persons supervising directly the internship:** [[1]](#footnote-1)   |  | | --- | | Name: | | Position: | | Phone: | | Name: | | Position: | | Phone: | |

|  |
| --- |
| **5.** **Description and time schedule of the tasks and main activities to be performed by the student during the internship (action plan):** [[2]](#footnote-2) |
| **6. Data of the professional tutor at the university:**  Position: Anna MOLNÁR Dr., associate professor head of Department (Phone: +36 1 432 9000 / 20-803  Email address: molnár.anna@uni-nke.hu |
| **7. Time of the internship: from…………………………..to………………………………..** |

**…………………………20............year ……………………month ………………………..day**

|  |  |
| --- | --- |
| **………………………………**  **signature of the professional tutor at the university** | **………………………………**  **signature of the professional person responsible at the place of internship** |
| **……….………………………….**  **signature of the student** |  |

**detailed evaluation of the student**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Criteria for the evaluation of the work**  **performed:** | | Please, fill in the proper column. | | | | | | |
| **excellent** | | **good** | **average** | | **satisfactory** | **failure** |
| 1. Interest for the work | |  | |  |  | |  |  |
| 1. Initiative talent | |  | |  |  | |  |  |
| 1. Power of conception | |  | |  |  | |  |  |
| 1. Precision | |  | |  |  | |  |  |
| 1. Quality of the work performed | |  | |  |  | |  |  |
| 1. Capability for expressing own opinion | |  | |  |  | |  |  |
| 1. Constructive ideas | |  | |  |  | |  |  |
| 1. Team spirit (integration in the workplace) | |  | |  |  | |  |  |
| 1. Communication skills | |  | |  |  | |  |  |
| 1. Perception of the management hierarchy | |  | |  |  | |  |  |
| **Short written evaluation of the internship of the student:** | | | | | | | | |
| We certify, that the student concerned spent his internship between 20..…year…..month ….day and 20…..year …..month ….day at the location of the internship.  In the internship the student has[[3]](#footnote-3) | | | | | | | | |
| not met the requirements | met the requirements | | | | | met the requirements excellently | | |
| **Signature of the professional person responsible at the place of internship:** | | | **……………………………………………………………..** | | | | | |
| **………………………………………., 20... .year …………………………month ………day** | | | | | | | | |

**worklog on the performance of the Internship**

**Data of the student:**

|  |
| --- |
| Name: |
| Neptun-code: |
| Form of financing: supported/ tuition fee (Please underline) |
| Level of the programmes: BA/BSC programmes/ MA/MSC programmes (Please underline) |
| Work schedule of the programme: full time / part time (Please underline) |
| Specialization: |
| Notification address: |
| Phone: |
| E-mail address: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Place of performed internship** | | **Tasks performed during the internship** | **Hours of tasks**  **performed** | **Reason/ Hour of non-performance (absence) [[4]](#footnote-4)** | **Signature of the persons supervising directly the internship** |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
| **…………., 20…, … month, ……day** | | **Signature of the professional person responsible at the place of internship…………………………..** | | | | |

1. If the person varies from the person responsible for the place of internship [↑](#footnote-ref-1)
2. To be filled out by the university’s professional tutor. [↑](#footnote-ref-2)
3. Please underline [↑](#footnote-ref-3)
4. the reason of the failure (absence) should be documented as follows:

   ⏐ the student was absent in the internship with **leave-of-absence** (e.g.: ill, leave-of-absence )

   + the student was absent **without leave**. Beyond the reason of failure (absence), also **the number of missed hours** should be indicated, e.g.: +/8 [↑](#footnote-ref-4)