

Place: , _ _ - _ _ - 2024

Certificates of internship completion

I. Personal data of a student of the ETI Faculty of the Gdańsk University of Technology

Semester: ☐ 6/7 ☐ 4/5 (prior consent of the Vice-Dean for Education and Didactics required)

First name and last name: Index No:

Field of study: ☐ Automation and Robotics (Att. 1A) ☐ Electronics and Telecommunication (Att. 1B)

☐ Informatics (Att. 1C) ☐ Part-time Informatics (Att. 1C)

☐ Data Engineering (Att. 1C) ☐ Biomedical engineering (Att. 1D)

II. Company internship supervisor

First name and last name:

Name of the workplace:

Company address:

Internship address (or as above):

Phone number: Email:

III. Internship assessment

Please rate individual criteria by marking an X or V in the appropriate column.

Assessment criteria	N/A	2.0 (unsatisfactorily)	3.0	3,5	4.0	4.5	5.0 (very good)
Quality of preparation/planning of professional practice							
Understanding goals at the beginning of internship							
Preparation of a preliminary task schedule							
The quality of work carried out in the workplace							
Integration in the team and enterprise							
Systematicity in achieving internship goals							
Quality of work performer							
Documentation of completed tasks							
Knowledge of the field							
Application of technical and scientific knowledge at work							
Providing own technical suggestions							
Demonstrating interest in engineering							
Independence in expanding knowledge and methodology							
Competencies and talents in the workplace							
Showing initiative while working							
Behavior and communication when working in a team							
Creativity in solving problems							
Quality of results and documentation							
Accuracy and repeatability of the achieved results							
Creating clear documentation							
Final assessment (2-5)							

IV. Certificate

I hereby certify that the student of the ETI Faculty of the Gdańsk University of Technology (point I) completed vocational training at our workplace/institution (point II) in accordance with the data below:

Type of internship/contract: ☐ unpaid internship¹ ☐ unpaid internship² ☐ paid internship
☐ graduate practice ☐ contract of employment ☐ mandate contract ☐ contract work
☐ foreign practice
☐ other: (*consent of the vice-dean required*)

Duration of practice: from up to number of hours³:

Position or character of work⁴:

Employment dimension (*full/part time*)⁵:

Internship program⁶

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Comments:

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Signature of the company's internship supervisor

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Company stamp

¹ with an agreement with FETI/GUT

² without an agreement with FETI/GUT

³ For the practice to be recognized, the field MUST be filled in with the total number of hours of practice

⁴ Please indicate the position/scope of responsibilities consistent with your field of study

⁵ Please provide the average employment hours per week, hourly per month or part-time

⁶ Please provide the main tasks performed by the intern