The International University of Logistics and Transport in Wroclaw

A report on the performed practice

.... Student's name and surname
.... Academic year Year of studies / semester *Album no.*
The duration of the practice: from .... until................................
The name and address of the company in which the apprenticeship took place ....
Characteristics of the company, description of jobs you have undertaken, characteristics of new experiences and acquired skills .... workplace confirmation, signature, stamp student's signature
Comments of the Rector's plenipotentiary for student's apprenticeship   .... Date and signature of Rector's plenipotentiary