

Practice Report

IFI6058 Practical Work

Student:

Name:

Curriculum:

Phone:

E-mail:

Supervisor at the university:

Name:

Phone:

E-mail:.....

Place of practice:

Name:

Address:.....

Supervisor at the place of practice:

Name:

Phone:

E-mail:.....

Planned tasks

Number	Task	Due Date

Supervisor:

signature

Student:

signature

Summary of Practice

General description of the organization (structure, main areas of activity):

Summary of completed tasks (achieved results, experience gained during the practice, at least 1 page of text):

Evaluation of the practice (expectations, workload and complexity of tasks, quality of supervision, main problems):

Suggestions for improving the process of practice:

Supervisors' Evaluation

Assessment: (pass / fail).....

Signature:

Date: