Having filled in the form, put it in the practice coordinator’s pigeonhole. The same form is also used for Optional Practice.

Name: ______________________________________________________________

Student No.: _________________________________________________________

Tick where appropriate:   Thematic Practice □    Optional Practice □

Practice site: _________________________________________________________

Number of ECTS credits: ________________________________

Signature (site representative): _________________________________________

Practice period: ________________ – ________________

Breakdown of working hours: ____________________________________________

Planned tasks: _________________________________________________________

COURSE CREDIT CONFIRMATION

To be filled in by the practice coordinator.

408021S Thematic Practice □  404022 Optional Practice □

___________ ECTS credits    ___________ ECTS credits

Date of completion: ________________________________

Additional entry to be made in the credit records, such as the theme of the practice (compulsory):

_____________________________________________________________________

Other additional information: ___________________________________________

Signature (practice coordinator): _________________________________________