



FACULTY OF EDUCATION

THEMATIC PRACTICE ° hh0# u@ V ° V) FOLLOW-UP FORM

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): _____