



Contact Details: av-praktiki@ionio.gr
To: Committee of Internship Programme
Plateia Tsirigoti 7, 49100 Corfu, Greece



Check Article 5, Paragraph 2 of Internship Programme Handout

To the supervisor:

Name: _____

Surname: _____

email: _____

I. Personal Information:

1. Student:

Name/Surname: _____
 Registration number: _____ Tel. _____
 email: _____

2. Internship Partner:

Name of organisation: _____

Name/Surname Internship partner's supervisor: _____

Tel.: _____ fax: _____ email: _____

II. Report of Internship (description)

1. Internship subject.

[illegible]

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης



2. Methods of implementation and learning outcomes.

3. Timetable of internship programme and justification of deviation.

III. Evaluation of trainee (*1 to ten, where 10 is excellent and 1 is bad.*)

1. Consistency of timekeeping: _____
2. Development initiatives: _____
3. Professional interest: _____
4. Professional integrity: _____
5. Efficiency (in terms of quality of work completed): _____
6. Adaptability and ability to absorb new knowledge and procedures: _____
7. Cooperativity: _____
8. Attendance at work in general: _____
9. Progress (related to the implementation of the tasks assigned): _____

IV. Certificate:

I certify that the trainee student _____ (Name/Surname)

Successfully completed/not completed successfully (remove as applicable) the internship programme

_____ (Name of Internship Partner).

For the Internship Partner: _____ (Supervisor's Name/Surname).

Date: _____ (Name-Month-Year)

Signature of Internship Partner's Supervisor: _____



Ευρωπαϊκή Ένωση
Ευρωπαϊκό Κοινωνικό Ταμείο



ΥΠΟΥΡΓΕΙΟ ΠΑΙΔΕΙΑΣ, ΔΙΑ ΒΙΟΥ ΜΑΘΗΣΗΣ ΚΑΙ ΘΡΗΣΚΕΥΜΑΤΩΝ
ΕΙΔΙΚΗ ΥΠΗΡΕΣΙΑ ΔΙΑΧΕΙΡΙΣΗΣ

Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης

