Annex 3

**Certification and evaluation
of practical training**

**Name of student:** ..................................................................................... Neptun-code ....................................

Degree program: Jelöljön ki egy elemet.

**Details of the company providing the practical training:**

Name / Company name: ..........................................................................

Address: ..........................................................................

**Time of practical training**: from ............................................. to .............................................

Name and qualification of the professional supervisor of the practical training: ………………………………………………….............................

**Summary of the work done by the student during the practical training:**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………….…………………………………………………………………….

**Student qualification based on practical training competencies:**

(rating on a scale of 1 to 5)

1. Regularity of participation at training sessions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student did her/his job reliably and accurately

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student applied what she/he had learned in university training well

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student was independent, creative, with a developmental intention for the given tasks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student is flexible, well adapted to new working conditions and tasks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student integrated well into the staff group, was able to communicate well with the staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student’s ability to manage work organization was adequate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student's theoretical knowledge and preparation were sufficient for the professional work

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. The student's practical knowledge and preparation was sufficient for the professional work

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Opinions and remarks related to practical training, suggestions on the efficiency and quality of degree program:**

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I certify that the above-mentioned Student has completed the practical training.

Date: ………………………..

Place of seal

 ………………………………………………..

 signature of professional supervisor