CURRICULAR TRAINEESHIP'S ATTENDANCE RECORD

Trainee:
Host Entity:
Supervisor:

Traineeship to be carried out from ___ / ___ / _____ to ___ / ___ / _____

N.B. Month to be indicated on the first line.
Number of hours per term

Month:			Month:			Month:			Month:			Month:			Month:		
Day	Morning	Evening	Day	Morning	Evening	Day	Morning	Evening	Day	Morning	Evening	Day	Morning	Evening	Day	Morning	Evening

Date: ___ / ___ / _____; The Supervisor: _____; The Host Entity: _____

(Signature and Stamp)

The Student: _____

I have verified that the number of hours carried out is according to the minimum number of hours stipulated in the Degree's curricular plan.

The School's Supervisor: _____

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