

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

[illegible]

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: