

PRACTICAL EXERCISE NOTE

of Student

Semester of admission**Registration Number**.....

DETAILS OF THE ENTERPRISE/ORGANISATION WHERE THE PRACTICAL EXERCISE TOOK PLACE

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Starting Date of the practical exercise

Ending Date of the practical exercise

TOTAL NUMBER OF PRACTISE DAYS

REPORT WITH REGARD TO THE STUDENT’S ACTIVITIES (optional)

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**The precision of the content is confirmed by
the Enterprise/Organisation Director**

Stamp / Signature