**Summary Report of Practical Training**

**Student’s name: …………………………………………………………………………………**

**Specialization: ……………………………………………………………………………………………………… ..**

**Period:. ………………………………………………………………………………………………………………**

**In the chart below, add the total hours of practical training for the entire period of study. The total minimum is 480 hours.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity type** | **Hours worked** | **Description of activities performed** | **Signature of supervisor/mentor** |
| Internships within the subject of *Specialization practice* |  |  |  |
| Other internships, work commitments and temporary jobs |  |  |  |
| Work for UCC  (special projects, Gaudeamus…), independent preparation of projects within the subject *intermedia works* and others |  |  |  |
| Work for the school agency (Kreativní Kancl) |  |  |  |
| Others (give description of activities) |  |  |  |
| **Total hours worked** | |  |  |

…………………………………………………… …………………………………………………………

Student’s Signature Signature of the Head of Practice/Vice-Rector for Academic Affairs