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**STATEMENT OF UNDERGRADUATE ARCHITECTURAL TRAINING**

**(THE FIRST CYCLE STUDIES, ACADEMIC YEAR …….. / ……..)**

Completed by ……………………………………………..…………………………………..

at………………………………………………………………………………..……………….

during the period from ……………….…….. to ………………………………….…………

Supervised by………………………………………….………………………………………

The statement contains ................................ pages consecutively numbered and signed by the supervisor and the student engaged in the internship.

Table of Contents:

1. Statement title page
2. Scope of work
3. Statement of work
4. Supervisor’s opinion („Certificate of completed internship”)
5. Appendices: ………….(for example photos, drawings, etc.)

2. SCOPE OF WORK

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

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3. STATEMENT OF WORK

|  |
| --- |
| **BUILDING** |
| Name of the object |  |
| Destiny |  |
| The total area |  | Cubature |  |
| Type of construction |  |
| Address |  |
| Investor name |  |
| Characteristic data of the object |  |
| Description of activities each day performed practice (give the dates): |
| Summary of Practice |  |
| Number of days of practice |  |
| Confirmation and opinion of the person heading the practice – date and signature |  |

\* Fill out separately for each object

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**Department of Architecture**

Undergraduate Architectural Training, the first cycle studies

(2 weeks 80 hours requirement)

**Certificate of Completed Training**

**Student information:**

1. Name and surname ..............................................................
2. Album no. ..............................................................

**Information of Employer:**

1. Name ..................................................................................................
2. Adress ..................................................................................................

**Certificate of completed internship**

This is to certify that student ........................................... took part the professional internship

during the period of ..................... to ......................... and has completed / has not completed the internship program. (underline)

The internship included the following tasks: ....................................................................................................................................................

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Opinion of student’s work :

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Comment:

....................................................................................................................................................

....................................................................................................................................................

....................................................... ........................................................ (place and date)(company stamp) (stamp and signature of employer)