



Higher School of Tourism and Hotel Industry
ul. Miszewskiego 12/13
80-239 Gdańsk, POLAND

TRAINEE'S CARD

1. Surname and first name
2. No of student's identification card..... Semester.....
Specialization.
3. Name of institution

SIGNATURE

.....
DATE, SZTAMP AND REPRESENTATIVE'S

4. Duties carried out during the training:.....
.....
.....

.....
DATE AND STUDENT'S SIGNATURE

5. *Brief opinion about the Student during his training in the Workplace (diligence, responsibility, creativity, own initiatives etc)*

6. *Period of completed training from*..... *to*.....

7. *Stamp containing the name and signature of the authorized representative of the Institution / Facility*