

**“UNIVERSITY OF SOUTH ASIA”**



**DIARY**  
**of internship**

**Conclusion of internship**

«UNIVERSITY OF SOUTH ASIA»

**DIARY**  
**of internship**

Student of the \_\_\_\_\_ year \_\_\_\_\_

(Last name, first name, patronymic)

is directed to internship for \_\_\_\_\_ weeks  
from \_\_\_\_\_ of \_\_\_\_\_ to \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_,

Date given: \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.

Order № \_\_\_\_\_ on the \_\_\_\_\_ 20\_\_\_\_

Dean \_\_\_\_\_

**Internship supervisor**

\_\_\_\_\_  
The report is reviewed at the  
Department  
“ \_\_\_\_\_ ” \_\_\_\_\_ 2024  
and evaluated with marks \_\_\_\_\_

Minutes of the department meeting  
№ \_\_\_\_\_ “ \_\_\_\_\_ ” \_\_\_\_\_ 2024

**Participation in excursions, scientific research, innovation work and activities to improve practical skills**

**SUPERVISOR'S GUIDE**

1. Explain internship program and objectives to the student.
2. Mark arrival time at internship place in the student's certificate.
3. Develop internship schedule together with the student, conduct safety and sanitation instruction training.
4. Observe the student's fulfillment of the program as well as his/her systematic, accurate keeping his/her diary during the internship.

**At the end of the internship:**

- a) Review, make comments and endorse the student's report of internship;
- b) Give a written characteristic to the student's work at the institution. The characteristic should be signed by the internship supervisor.
- c) Mark the date of completion of the internship by the student in the certificate showing his/her missing days with valid and invalid excuses.

**Report of internship**

1. To be compiled by the student during the time of his/her internship at the medical institution and reviewed by the internship supervisor at the medical institution.
2. Student must submit a report of internship no later than one week after completion of internship.

Nature of the work done, who supervised, what was done	Assessment of students' work by supervisor at the medical institution

**Characteristics of the student's internship (conclusion about the student, his/her work quality, theoretical knowledge, discipline, social activeness)**

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**Quantity of the missing days within internship:**

- a) With valid excuses \_\_\_\_\_
  - b) With invalid excuses \_\_\_\_\_
- “ \_\_\_\_\_ ” \_\_\_\_\_ 2024

**Internship supervisor from the medical institution**













