GEORGE EMIL PALADE
UNIVERSITY OF MEDICINE,
PHARMACY, SCIENCE, AND
TECHNOLOGY OF TARGU MURES

INTERNSHIP REPORT SPECIALITY PRACTICE

STUDENT: _____

YEAR OF STUDIES: _____

FACULTY: FACULTY OF MEDICINE IN ENGLISH

HOSPITAL:
(NAME, ADDRESS)

_____

_____

_____

_____

DEPARTMENT(S): _____

_____

INTERNSHIP PERIOD: _____

This section is to be filled out by the hospital / doctor. This section is mandatory to be completed.

I: EVALUATION: *The applicable grade must be circled.*

FAIL				PASS					
1	2	3	4	5	6	7	8	9	10

Roughly comparing: 10 = outstanding (A); 9 = extremely good (A); 8 = very good (B); 7 = good (B); 6 = sufficient (C); 5 = barely sufficient (C); 4 and below = not sufficient (D).

II: TOTAL WORKING HOURS: _____

III: DATE, STAMP AND SIGNATURE: _____

IV: FULL NAME PERSON SIGNING: _____

DATE: _____

DAY OF INTERNSHIP: _____

WORKING HOURS: _____

DEPARTMENT: _____

DAILY SUMMARY: _____

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PERSONAL STAMP or
FULL NAME PERSON SIGNING: _____

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