



**REPORT BOOKLET
PRACTICAL EVALUATION TRAINEESHIP
MEDICAL AREA**

TRAINEE: _____ Student identification number: _____

Activity	ECTS	Department	Department tutor	Coordinating professor tutor
Internal Medicine	3			
Emergency Medicine	1			
Pediatrics	1			



Single Cycle Degree Course in "Medicine and Surgery"

MEDICAL AREA – INTERNAL MEDICINE (3 ECTS)
MEDICAL AREA – EMERGENCY MEDICINE (1 ECTS)
MEDICAL AREA – PEDIATRICS (1 ECTS)

DEPARTMENT TUTOR: _____

Confirmation of the student's attendance and the performed activity

Date	Hours	Performed activity	Trainee's signature	Department tutor's signature

Ongoing evaluation of the traineeship

The student declares that he/she has received an ongoing evaluation of the internship by the department tutor

Date: __ / __ / ____

Student's signature: _____