



**REPORT BOOKLET  
PRACTICAL EVALUATION TRAINEESHIP  
SURGICAL AREA**

TRAINEE: \_\_\_\_\_ Student identification number: \_\_\_\_\_

| Activity          | ECTS | Department | Department tutor | Coordinating professor tutor |
|-------------------|------|------------|------------------|------------------------------|
| General Surgery   | 3    |            |                  |                              |
| Emergency Surgery | 1    |            |                  |                              |
| Pediatric Surgery | 1    |            |                  |                              |



Single Cycle Degree Course in "Medicine and Surgery"

**SURGICAL AREA – GENERAL SURGERY (3 ECTS)**  
**SURGICAL AREA – EMERGENCY SURGERY (1 ECTS)**  
**SURGICAL AREA – PEDIATRIC SURGERY (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 |
|------|-------|--------------------|---------------------|------------------------------|
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**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:** \_\_\_\_\_