Semester: ☐ **FALL** ☐ **WINTER BREAK** ☐ **SPRING** ☐ **SUMMER**	**Year:** **20__ __ / 20__ __**

Student First Name:	**Student Surname:**
Student ID:	**Student Signature:**

Assignment Title: ☐ **1 – Community Pharmacy** ☐ **2 – Hospital Pharmacy** ☐ **3 – Industrial Company**	**Name of the Company:** **Signature & Stamp:**
Traineeship Period:	**Traineeship Duration:**

*** **Daily activity must be filled for each day of the traineeship.**