

Please print on official paper or put an official stamp

## Transcript of Work Erasmus+ Traineeships Abroad

We herewith confirm that the student of the University of Warsaw,

| The trainee name and surname:                                    |
|--|
| Has carried out a traineeship abroad at our institution          |
| Institution name:  |
| Address:   |
| Country:   |
| The period of the traineeship abroad (dd - mm - yyyy) from:20 to |
| Total number of working hours:                                   |
| Trainee's main tasks:  |
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Please sign below and write down your full name and function in your institution, as well as the date and place of the signature

| A Traineeship / Assignment  | Mark: from 1 to 5 |
|---|-------------------|
| 1. Applicability of knowledge and results to the needs of the institution |                   |
| 2. Method of working while performing the assignment                      |                   |
| 3. Results  |                   |
| B. Attitude towards work  |                   |
| 1. Self-employment  |                   |
| 2. Initiative   |                   |
| 3. Responsibility   |                   |
| 4. Involvement  |                   |
| 5. Speed of work  |                   |
| 6. Planning   |                   |
| C. Social skills  |                   |
| 1. Contact with staff members   |                   |
| 2. Contact with executives  |                   |
| 3. Contact with external people   |                   |
| 4. Adaptation to institutional rules                                      |                   |
| 5. Student's capacity to integrate with institution and foreign cultures  |                   |
| D. Personal qualities   |                   |
| 1. Flexibility  |                   |
| 2. Creativity   |                   |
| 3. Criticism towards own work   |                   |
| 4. Willingness to revise own work or attitude                             |                   |
| 5. Persuasiveness   |                   |
| 6. Handling work pressure   |                   |

Stamp of the Institution

Name and Signature of the supervisor with date and place