

Form III: Internship report (PPE)

Student: immediately after the internship, fill out this form and send it to your academic advisor (at the VU) and your internship mentor (at the organization).

General information	
Name student:	Student number:
Name and location internship organization:	
Name academic advisor (at the VU):	
Name internship mentor (at the organization):	
Starting date internship:	
Finishing date internship:	

Questions (please use not more than 200 words per question)	
1. Describe briefly the organization and the unit at which you worked.	
2. Describe briefly (with bullet points) the kinds of work you did at the internship.	<ul style="list-style-type: none"> • • • •
3. Did you work full-time at the internship? Give your exact working hours per week.	
4. Could you draw on PPE at the internship? Describe the knowledge/skills you applied.	
5. Did you meet your learning objectives formulated beforehand? Describe briefly.	<ul style="list-style-type: none"> • • • •
6. Did the internship result in any concrete outcome? Briefly describe it.	
7. Did you experience any problems at the internship? If so, which? What was done?	

Remarks

Student
Signature:

Date:

Seen by academic advisor
Signature:

Date: