**Final Report**

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| --- | --- |
| Home University: | Charles University, Second Faculty of Medicine |
| Adress: | V Úvalu 84, 150 06 Praha 5  |
| **Name and Surname:** |  |
| Study program: |  |
| Study Year: |  |
|  E-mail: |  |
|  |
|  Receiving Organization: |  |
| Adress: |  |
|  |  |
| Country:  |  |
| Field of the internship: |  |
|  |
| Term from: |  | to: |  |  |
| The amount of the scholarship (financial contribution of the faculty): |  |
|  |
| Evaluation of internship: |
| **1. Conclusion from an internship abroad:***(Briefly state what was the content of your study stay abroad. Your observations, feelings, positives, negatives, overall evaluation.)* |
|  |
| Date:  |  |
| Signature: |  |