**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: | |  | | | |