



Faculty of Sports Sciences and Movement
Program – Health and Physical Activity in Master

UBT - Higher Education Institution
Lagjja Kalabria, 10000 Prishtine, Kosovo
Tel.: +383 38 541 400
Fax: +383 38 542 138
E-mail: info@ubt-uni.net
Web: www.ubt-uni.net

Subject: **APPLICATION FOR PROFESSIONAL PRACTICE**

Addressed: _____

Address: _____

Tel: _____

We respectfully request your support in enabling our second year students to complete their professional practice at your institution, for a duration of six weeks (175 hours).

Student's name and surname: _____

Student ID Number: _____

Dean of the Faculty of Sports Sciences and Movement
Dr.Sc. Agron Thaqi _____

Pristine; _____

PROFESSIONAL PRACTICE CONFIRMATION

Name of the institution: _____

Address: _____

Tel. _____

Responsibility: _____

Proves that the student _____, has started his professional practice with _____ and it's over _____ in a duration of six weeks 175 hours.

Remarks: (To be completed by the responsibility of the student organization):
--

Date: _____

Responsible of the institution:

Location: _____

EVALUATION FORM FOR THE INTERN STUDENT

The form is filled out after the end of the internship by the SUPERVISOR of the institution where the internship took place

Student's Name: _____

Study Program: _____

Position at the company/organization/institution: _____

Name of the Supervisor in the institution: _____

Position of Supervisor in the company/organization/institution _____

Si e vlerësoni studentin lidhur me:	Assessment¹	Comments
1. Communication skills with staff		
2. Ability to work in a team		
3. Ability to work independently		
4. The ability to seek and use help from others		
5. Being open to criticism		
6. Decision-Making Skills		
7. Trust and confidentiality displayed		
8. Initiative and creativity		
9. Ability and interest in learning		
10. Analytical skills		
11. Problem-solving skills		
12. Organizational skills and for following up on the given work until its completion		
13. Correctness shown in respecting working hours		
14. Respecting the ethics of the institution and its rules.		

List three skills/knowledge that the trainee student has acquired/improved during the course:

- 1 .
- 2.
- 3.

Supervisor signature: _____

Date: _____

¹ Rating system: from 1-10, where 1 = (insufficient) and 10 =(excellent)
