## **Registration of hours**



Contact information				First name					Last name		
				School					Class		
				○ Full time student or ○ Part time student							
				Company					City		
				Mentor at internship					Dates of internship		
Regist	ration o	of hours	3	Teacher contact					Date of contact		
week	mo	tue	wed	thur	fri	sat	sun	reason for a	bsence	hours	initials
								Total hou	rs - please add up		
Signature Date											
			;	Signature internship							

**Responsibility**The student is responsible for the registration of hours for his/her internship. At the moment of handing in the signed registration, the hours are recognized as complete. This form needs to be handed in digitally or on paper. The mentor of the internship signs when he/she agrees with the information.