Internship Interim Report

Date: _____

Student Name	**:**	**ID**	**:**
Company Name	**:**		
Internship starting date	**:**	**Ending date**	**:**
Working hours per day	**:**		
Supervisor(s) Name	**:**	**Supervisor title**	**:**

Company Overview:

Describe the tasks and responsibilities assigned and the practical knowledge gained:

Signature: _____

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Signature: _____