



## PRACTICAL TRAINING PLAN

### Student's contact details:

Name:

Programme:

Email:

Phone:

Year of study:

### Company's contact details:

Name / department:

Address:

Web page:

Contact person / supervisor:

Phone:

Email:

### Description of practical training goals:

### Prerequisites:

### Tasks and responsibilities:

### Supervisor at Arcada

Name:

Email:

### Signature

Date:

Date:

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
Supervisor, Arcada