

CERTIFICATE OF INTERNSHIP

NAME OF COMPANY / INSTITUTION:

Name:	
Address:	
Email	
Phone	

NAME OF STUDENT INTERN:

Name:	
Address:	
Matriculation No.	

This is to confirm, that Mr / Ms _____ completed
an internship in our company from _____ till _____ with _____ working hours per week.

Days of absence (holidays, illness): ____

The internship comprised the following tasks:

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Date, Signature, Company Stamp*: _____

*This document is not valid without authorized signature and official company stamp.