

FACULTY I – PHILOSOPHICAL FACULTY

CERTIFICATE OF INTERNSHIP**NAME OF COMPANY / INSTITUTION:**

Name:	
Address:	
Email	
Phone	

NAME OF STUDENT INTERN:

Name:	
Address:	
Student 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.