

## Form „Internship Certificate“

Ms./Mr.: \_\_\_\_\_

Born on: \_\_\_\_\_

Has completed an internship with the following  
company/institution/organization: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Contact person: \_\_\_\_\_

Time period: from \_\_\_\_\_ to \_\_\_\_\_

Overall duration of the internship in **hours** (added up): \_\_\_\_\_ hours

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Place/Date	Stamp	Signature of the contact person
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