

Form „Internship Certificate“



Zentrum für
Schlüsselqualifikationen

Ms./Mrs./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

Place/Date

Stamp

Signature of the contact person

Translated by



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EUROPEAN UNIVERSITY

