



Proof of Internship

Surname, First Name:

Student ID:

Study Program:

completed an internship at *(Name, address of the institution)*

.....
.....
.....

Period from to

Number of absent days during the duration of employment, including days of vacation,
..... days of illness, days for another reasons.

Activity/Department	Number of hours/days/weeks

or see certificate of employment / attached description (Both must be signed and stamped by the internship organization.)

Date, Stamp, Signature representative of the institution

The internship (please tick the appropriate description) was successfully completed and can be recognized with hours/days/weeks. The internship report was of at least sufficient quality.

- | | |
|--|---|
| <input type="radio"/> Observational / trainer internship | <input type="radio"/> Occupational field-related internship |
| <input type="radio"/> Profession Practical studies | <input type="radio"/> Company internship |
| <input type="radio"/> Mandatory Internship | <input type="radio"/> Another internship |

Date, Stamp, Signature Internship supervisor / Teacher in the study program