## Form 3:

**CERTIFICATE OF COMPLETED INTERNSHIP**

**ORGANIZATION INFORMATION**

Organization name: _____

Address: _____

Responsible person in the organization: _____

Mentor in the organization: _____

We hereby certify that the student _____(name and surname of the student), enrolled in the academic year / at _____ (name of the faculty) in the study program _____, has completed the mandatory internship from _____to _____in accordance with the Regulations on Mandatory Internship, adopted on September 30, 2026, and has successfully completed the internship.

Proposed evaluation of the student's knowledge and work*: _____

Place and date

Signature of the responsible person or mentor

_____

_____