

Form 3

CERTIFICATE OF COMPLETED INTERNSHIP

ORGANISATION DETAILS

Name of the organisation: _____

Address: _____

Responsible person in the organisation: _____

Mentor in the organisation: _____

We hereby confirm that student _____ (Name and surname: *of the student*), in academic year _____ / ____ at _____ (*name of the faculty*) enrolled in study programme _____ in the period from _____ to _____ successfully completed student internship in accordance with the Student Internship Rules, adopted on 20 February 2019.

Place and date; _____

Signature by the responsible person of the organisation or mentor