

**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