



CONFIRMATION OF COMPLETION OF INTERNSHIP

ACADEMIC YEAR 202.... / 202....

Student name and surname.....

Student ID number.....

| | | | |
|--------------------|------------------|------------|------------|
| BACHELOR'S DEGREE* | MASTER'S DEGREE* | FULL-TIME* | PART-TIME* |
|--------------------|------------------|------------|------------|

*Tick as appropriate.

Field of study/Specialisation.....

Academic Internship Supervisor.....

Internship address [Please write down the full name(s) of Institution(s)/Company(ies) and exact postal address(es)].

Number of hours of compulsory internship

Signature of Academic Internship Supervisor

Stamp and signature of the Dean's Representative for Student Internships