| ••••• | ••••• |
|------------|-------|
| place/date | |

CERTIFICATE ON THE COMPLETION OF THE INTERNSHIP

| I hereby certify that: | | | |
|---|-----------------------------|------------------|-----|
| – year student, pursuant to internship: | , | completed | the |
| in: | | | |
| in the period from to | | | |
| | | | |
| | (stamp and signature of the | person authorise | 2d) |