

Certificate of a mandatory internship

This certificate must be filled in by the university

Place and date

We hereby confirm,

Mr. Mrs.

Student's name

Name of the university/college

Degree program of study

that the whole internship period

from ____ . ____ . ____ **till** ____ . ____ . ____ **is a mandatory and integral part of the**

Required period of mandatory internship (e.g.: from 01.07.2016 till 30.09.2016*)

*The starting date has to be the 01. or 16. of a month, even if it is a weekend.

course of studies.

Stamp of the university/college and signature

Please note that a certificate has to be filled in completely, otherwise it cannot be accepted.