

Company Name _____

Address _____

Department _____ Sector _____

Telephone _____ Internet www. _____

Internship Certificate

Mr./Mrs. _____

born on _____ resident in _____

was employed for his practical education as a student trainee.

Start date: _____ End date: _____

In accordance to this he was assigned to the following tasks:

From	To	Weeks	Type of employment

Total number of weeks

Personally caused days absent during employment: _____

Rating of the trainees activities:

.....
.....

Rating of the report portfolio:

.....
.....

Place and date

Company's stamp and signature