Organisation’s stamp Date

**INTERNSHIP CERTIFICATE**

Student's name and surname: .......................................................................................

Album’s number: ..................... Year of study: ......................... stationary / extramural[[1]](#footnote-1)\*

Number’s completed hours of the internship: ............

Time of the internship: ……............................................................................................
Organisation’s name and address: ..................................................................................

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Surname and first name Supervisor’s Practice: ............................................................

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The most important tasks completed during the internship:

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Opinion on the quality student's performance during the internship:

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Final evaluation of the results of the internship: passed / failed\*

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Signature Supervisor’s Practice

1. \* delete as appropriate [↑](#footnote-ref-1)