Address of the institut	ion hosting the int	ernship	
Designation:			
Street address:			
Postal code, place:			
Phone:			
	Confi	rmation of internsl	nip
Mr/Ms(Last n	ame)	(First name)	(Date of birth)
has completed an inte	ernship from	to	
for practical training a	•		
Type of activity			Weeks or hours
		total of	
The regular working hours were:		hou	ırs
Days of absence durin	g the internship:		
Comments on perform performance and soci			ference: assessment of the intern's ary):
(Place)			(Date)
(Signature)			(Stamp)