Address of the intern	ship facility		
Name:			
Street:			
Postal code, place:			
Phone:			
	Lette	r of reference	
Mr/Ms			
(Last name)		(First name)	(Date of birth)
	ip fromas part of their univers		 Dws:
Type of activity			Weeks
		total of	
The regular working h	nours were:	hour	s
Days of absence duri	ng the internship:		
of which:		days leave	
	days illness		
		days	s of absence for other reasons
Comments on perform behavior; use reverse		ssessment of the	e intern's performance and social
(Place)			(Date)
(Signature)			(Stamp)