

Certificate of the educational institution

Please submit the original of this certificate to the Student Services!

about the practical training within the practical study semester

Name _____

born on _____ in _____

Degree programme _____

has in the period from _____ to _____ (total _____ weeks)

completed the practical training within the practical study semester.

Entries of any absences:

Brief information on leadership and performance (the activities carried out are the subject of the internship report):

Place _____

Date _____

Signature of the training coordinator _____

Company/Company seal _____