

Certificate of Internship Participation

Mr. / Ms. _____

Born on _____ in _____

was involved in the following practical internship as a student trainee

from _____ to _____

Place / Laboratory and form of Work

Number of Weeks

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total number of weeks: _____

Leadership: _____ Industriousness: _____ Performance: _____

Special Comments:

Number of days on leave during employment: _____, form that _____ vacation days, _____ sick day, _____ other days of absence.

_____, the _____

(Place)

(Date)

(Signature and Company Stamp)