		(Place)		(Date)
Stamp of the institution				
INTERNSHIP CERTIFICATE				
I hereby confirm that Mr / Ms		, ayear	(study	<i>cycle</i>) student
ofprog	ramme, speci	alizing in		,
has completed	ompleted(type of internship) internsh			
at (name of t	he institution)	and served	hours/	weeks* from
to to (internship period).				
Learning outcomes achieved during the student's internship *:				
Description of a learning outcome	Poor	Fair	Good	Very good
	1			l
Overall evaluation of the internship (within the following grading scale: very good (5), good (4),				
satisfactory (3), unsatisfactory (2))				
Additional comments related to the student's performance **:				
nature of a representative of the host institution Stamp of the host Institution				an .
Signature of a representative of the nost institution		Stamp of	are nost institution	יוע

^{*} Choose the correct option

^{**} If applicable