



UNIVERSITÉ DE
NEUCHÂTEL

Bachelor of Science en
sciences économiques

Faculté des sciences économiques

Av. du 1^{er}-Mars 26

2000 Neuchâtel

Tél : +41 32 718 1403

conseil-etudes.seco@unine.ch

www.unine.ch/seco

INTERNSHIP CERTIFICATE

Company / Institution

Name:

Person in charge:.....

Title:

Address:

.....

Telephone:

Email/Website:

I hereby confirm that, born on has carried out an internship of weeks at a rate of hours per week in our company / institution from to

The internship consisted of the following activities:

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.....

Place and date:

Signature of the person in charge of the internship:.....

Stamp of the company / institution