|  |
| --- |
| **Internship certificate** |

**Company or l’institution**

Name:

Person in charge:

Title:

Address:

Telephone:

E-mail / website:

I hereby confirm that            , born on

Has carried out an internship of       weeks in our company/institution       hours/week

from       to      , consisting of the following activities :

Place, date :      ,       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature