Certificate of completion
of internship practice

Company name: ..…….....

Name and position of certifier: .....

It is hereby certified that the student named .....

Mother's name: .....

Born: .....

Neptun code:……...

Participated in a ……-week internship practice at our Company (Institute) from ……. day ……. month 20..... year to ..... day ….....month 20..... year.

Our opinion on the student's work and conduct is as follows:

failed passed passed eminently

Reasons:……
……
……
……

Absences: certified :..... days

uncertified: …..... days

Dated: ……, ...day.....month…....year.

L.S.

.....
corporate signature