No : 58165809-304.03/

### Subject : Internship

…………………………………

To whom it may concern,

Please fill the following internship certificate, which belongs to the student who was endorsed to do the internship in your institution between …………………….. and …………………….., at the end of the internship program and send to our institution within 10 days as a confidential document.

Sincerely yours.

 ……………………….

 Vice Dean

**THE INTERNSHIP CERTIFICATE**

|  |
| --- |
| **Student information** |
| Name and Surname | : |  |
| Faculty No.: | : | Photo  |
| Program | : |  |
| Name of the internship institution | : |  |
| Duration of internship (days) | : |  |
|  |  |  |

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