**Employer's confirmation of professional internship**

Name and surname of the student:

Study program:

Student number:

I confirm that the student above has completed an internship in the company  from  to       in a work position       lasting 180 hours.

The work description………………………………

Assessment of internship and quality of work:

In  date

Name and position of the employee issuing the certificate:

Signature and stamp of the organization: