

Certificate of Internship

Mr/Ms _____ Student number: _____

enrolled since _____ Semester: _____

in the **Bachelor Combined Studies**

completed the **Work Placement for Professional Orientation (OP)**

at the institution/company/association:

Name: _____

Address: _____

during the period from _____ to _____.

Internship institution/company/association:

Place, date

Signature of the head of the institution/company/association

Stamp of the
institution/company/
association:

Short feedback about the internship:

University:

Work Placement for Professional Orientation (opb001)
successfully completed:
failed:

Place, date

Signature of the tutor

Stamp of the university: