

# **Certificate of a mandatory internship**

This certificate must be filled in by the university

\_\_\_\_\_  
Place and date

**We hereby confirm,**

Mr.       Mrs.

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Name of the university/college

\_\_\_\_\_  
Degree program of study

**that the university regulations for the above mentioned degree program require a mandatory**

**internship of** \_\_\_\_\_.

Required duration of mandatory internship (e.g.: 3 months, maximum 10 weeks, 1 semester)

**OR**

**that the whole internship period**

**from** \_\_\_\_ . \_\_\_\_ . \_\_\_\_ **till** \_\_\_\_ . \_\_\_\_ . \_\_\_\_ **is a mandatory and integral part of the**

Required period of mandatory internship (e.g.: from 01.01.2016 till 31.03.2016\*)

\*The starting date has to be the 01. or 16. of a month, even if it is a weekend.

**course of studies.**

\_\_\_\_\_  
Stamp of the university/college and signature

*Please note that a certificate has to be filled in completely, otherwise it cannot be accepted.*