………………………………………………………...

Stamp of the unit (place, date)

**CERTIFICATE OF INTERNSHIP**

Mr/Mrs …………………………………………………………………………………………

Student **of the Faculty of Biotechnology**

field of study (Major) – **Biotechnology**

performed an internship ………………………………………………………………………….……

in …………………………………………………………………………….…………………

(name of workplace)

according to the agreed program within the period from ………………to…………..…………..

Brief description of the course of internship……………………………………………………

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………………………………………………………………………………………………….

Final grade………………………………………………………………………………………

………………………………………………….

Workplace

Signature of the authorized person

…………………………………………..

Stamp of the Faculty

Signature of internship supervisor