………………………………………………………...

 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……………………………………………………

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

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

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

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

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

………………………………………………….

Workplace

 Signature of the authorized person

…………………………………………..

 Stamp of the Faculty

 Signature of internship supervisor