

INTERNSHIP CERTIFICATE

Professor (name and surname)

**Being Tutor hereby certifies
that:**

The Trainee _____ enrolled in

degree course/Master's degree course _____ with id nr.

_____ Carried out at the Laboratory/Ambulatory

of the

Department _____

The curricular internship from _____ to _____ of _____ ECTS
total hours _____.

In particular, the Trainee

Carried out the following activities:

The Trainee therefore :

- Achieved the goals so as specified on the Training Project
 Has NOT achieved the goals so as specified on the Training Project for the following reasons:

Please specify any extensions or interruptions:

- Internship extended until _____
 Internship interrupted on the _____

Date, _____ Tutor Signature _____