

**Certificate of employment
for an internship**

Name, firstname: _____

Course of studies: _____

Matriculation number: _____

Period of employment	
from:	to:
Hours worked per week:	
Days of sickness:	
Days of holiday:	
Short description of the contents of his/her internship:	

Company:

Student:

place/date

place/date

signature/stamp

signature

Please bring the signed document back to the supervising professor.