

Certificate of completion of the internship with the opinion of the Employer

Employer's address stamp

Name/names and surname of the internship supervisor	
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We certify that _____,
a student of the Nicolaus Copernicus University in Toruń, completed the student internship
from _____._____. _____ to _____._____. _____
at the
position_____.

Duration of the internship: _____ hours.

Character of the work:* observational, auxiliary, partly independent, independent.

Overall assessment of the student's work:* very good, good, satisfactory, fail.

*delete as appropriate

Type of work and/or tasks performed:

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Skills acquired during the internship:

Realized outcomes:

Notes:

_____ place and date

Stamp of the Employer and signature of the person authorized to represent the Employer