Confirmation and evaluation of Practical and Research Training by receiving institution

Student’s information

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| Student (name and surname): |  |
| Date of birth (dd/mm/yy): |  | Home country: |  |
| Starting date (dd/mm/yy): |  | End date (dd/mm/yy): |  |
| Master thesis title: |  |
| Supervisor (name and surname): |  |
| Receiving institution title, address and location: |  |

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| Short description and evaluation of the student’s activities during the internship:Keep the description of your internship without exceeding the size of a particular box |
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| This is to confirm that the student named above completed an internship in our institution in a specified period. |
| Date (dd/mm/yyyy): |  | Stamp and signature: |  |