Confirmation and evaluation of Practical and Research Training by receiving institution

Student’s information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: |  |