



## INTERNSHIP CERTIFICATE

*to be filled in by the intern mentor at the end of internship*

### § THE INTERN MENTOR

Name – First name	
Position	
Phone number E-mail	
Company's name	
Address	

### § THE INTERN

Name – First name	
Degree taken by the intern	
Academic year	<b>2020/2021</b>
Start date of the internship	
End date of the internship	
Number of months, days or hours of internship	

**Date :**

Signature and stamp of the internship master	Signature of the trainee
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