UNIVERSITÉ D'ANGERS

INTERNSHIP CERTIFICATE

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

ş	THE	INT	RN	MEN	TOR
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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	2021/2022		
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 n	naster	Signature of the trainee	