



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	
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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