

PROMOS – Internship Programme

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Internship Financing
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Certificate of Internship

Note: Please type your answers into the areas indicated (grey).

Details of the Student

Full name	
Date of birth	

Details of the Receiving Company / Institution

Name and address of company/ institution	
Supervisor (full name, email)	

Details of the Internship

Duration of internship (dd.mm.yyyy-dd.mm.yyyy)	
Main tasks	
Special comments/ Evaluation	

Date, Signature* of person responsible, Company stamp

*Please note that a typed name does not constitute a valid signature.