|  |  |  |
| --- | --- | --- |
| **CERTEFICATE**  **External professional work experience** | | |
| I, the undersigned, - in the name of the host company / workplace officially certify that | | |
| **Name**: |  | |
| **Birth date:** | | **Neptun code**: |
| Address: |  | |
| **Training program**: ……………. ……………………………**Year**.:………………Type: **Full time** | | |
| student of the University of Debrecen - Faculty of Science and Technology completed the Internship during the period .................................................. | | |
| **PLACE OF THE INTERNSHIP (Host Company/Institution):** | | |
| The host Company/Institution:  1. Name:……………………………………………………………………………………………………..  2. Address: ………………………………………………………………………………………………………  ………………………………………………….………………………………………………………………..  ……………………………………………………………………………………………….…………………..  ……………………………………………………………………………………………………………………  Date: …………………………………………..  L.S.  ………………………………………..  (the host company/workplace signature) | | |
| **SIGNATURE OF THE INTERNSHIP COORDINATOR** | | |
| I accept the certificate of the internship the student completed during the period ..............................................  I have registered the accomplishment in the electronic administration system.  Date:………………………… Signature:  …………………………………. | | |