|  |
| --- |
| **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:  …………………………………. |