

VIRTUAL INTERNSHIP CERTIFICATE

Name of the student:

Name of the receiving organisation/enterprise:

Sector of the receiving organisation/enterprise:

Address of the receiving organisation/enterprise *[street, city, country, phone, e-mail address]*, **website:**

Start and end of the internship:

from *[day/month/year]* till *[day/month/year]*

Internship title:

Detailed programme of the internship period including tasks carried out by the student:

Knowledge, skills (intellectual and practical) and competences acquired (learning outcomes achieved):

Evaluation of the student:

Date:

Name and signature of the responsible person at the receiving organisation/enterprise