



Faculty of Human and Health Sciences
Study program B.A. Public Health

Certification for the internship

students information

| | |
|----------------------|----------------|
| Surname | |
| First name | |
| Address | |
| eMail | Phone |
| DoB | Birthplace |
| Matriculation number | Start of Study |

Certification of the institute / place of internship

| | |
|------------------------|-------|
| Name of institution | |
| Supervisor | |
| address of institution | |
| eMail | Phone |

We hereby certify, that above named student served his internship
from _____ to _____ in our institution.

The amount of the work contains at least 540 hours.

The performed services are:

Date

Sign of person in charge