



Fundusze Europejskie  
Wiedza Edukacja Rozwój



Unia Europejska  
Europejski Fundusz Społeczny



Attachment no. 8 to the Regulations

.....  
Place, date

### MONTHLY CONFIRMATION OF INTERNSHIP COMPLETION

I hereby confirm that the following student .....  
(name and surname)

of the ..... year of .....  
(course)

has completed ..... hours of internship at .....  
(name of institution)

in the period from ...../...../..... to ...../...../.....

The internship was carried out as part of the project entitled **“High quality internship programmes at the Faculty of Pharmacy with the Division of Laboratory Medicine of Medical University of Białystok”** co-financed from the Knowledge Education Development 2014-2020 Programme.

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Signature of Internship Supervisor  
designated by the Receiving Institution