





Place, date

MONTHLY CONFIRMATION OF INTERNSHIP COMPLETION

I hereby confir	m that the	following student					
	(name and surname)						
of the	year of .						,
				(course)			
has completed	hou	rs of internship at					
·		·			(name of	institution)	
in the period fr	om/	/ to	/	/			
The internship	was carri	ed out as part o	f the p	oroject entitl	ed "We ha	ve POWER – i	investing in
regional com	petences"	co-financed from	n the	Knowledge	Education	Development	2014-2020
Programme.							
						hip Supervisor	
				•		eiving Institution	1