##### CERTIFICATE of PRACTICE REFERRAL

Student name:

Field of study:

Full time/part time\* Academic year:

We confirm that that student successfully completed the practice at

*(host organization - company/ institution name)*

for the period from ……… to ……….. in accordance to the adopted programme.

Company’s supervisor opinion:

................................................................................................................................................

................................................................................................................................................

................................................................................................................................................

................................................................................................................................................

................................................................................................................................................

................................................................................................................................................

*stamp of the host organization company’s supervisor signature*

\*  circle which applies