

**Letter of confirmation for a student internship/traineeship -  
to be completed by the host institution**

**Student**

|                  |  |
|------------------|--|
| Name, First Name |  |
| Student ID No.   |  |
| Subject:         |  |
| Email:           |  |

**Employer**

|                         |  |
|-------------------------|--|
| Enterprise/organization |  |
| Branch of industry:     |  |
| Adress:                 |  |
| Contact person          |  |
| Phone:                  |  |
| Email:                  |  |

**Duration of internship**

|                          |  |
|--------------------------|--|
| Period (D/ M/Y):         |  |
| Weeks:                   |  |
| Working hours (in total) |  |

**Job description**

Please note that this certification should be filled at the end of the students's internship!  
The letter of confirmation is usually complemented by a certified reference of traineeship  
from the host institution.

\_\_\_\_\_  
Place, Date  
Stamp

\_\_\_\_\_  
Signature of employer