

**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

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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