

INTERNSHIP PROGRAM – CONFIRMATION OF INTERNSHIP

ACADEMIC YEAR

(To be signed at the end of internship at the institution)

We confirm that Mr/Ms.....
has attended the internship program at
and followed his/her internship from(dd/mm/yy) to.....(dd/mm/yy) (that is ..
months)

The Host Organization ;

Date

Coordinator's signature

Stamp

FIPAR-C71002-03