**Name of the research organisation**

Name of the person authorised to act on behalf of the research organisation

Address

**Date:** XX/XX/202X

**Handled by:** Name and surname of the processor, telephone/email

# **Confirmation of completed internship**

This is to confirm that the student ............ *title first name last name..................* date of birth ......................... studying in the degree programme .............................................. .................. has completed an internship at our research organization ..................Name of *research organization, location*,......................... in the period from *.................from to.......*

The student has participated in solving *................................................,* which isclosely related to the focus of the student’s doctoral thesis.

Detailed description of the internship:

Evaluation of the trainee:

*Name and surname*

*Company name*

accepted/ not accepted the internship

supervisor from VSB-TUO

Note: The confirmation is in triplicate – one is given to the company, one is handed in by the student to the study office, and one is kept by the student.