**/CERTIFICATE ABOUT INTERNSHIP**

Hereby I certify that the student of the Tomori Pál College named below has completed the internship required in the curriculum of the course …………………………..………………. (name of the course).

**Full name of the student:………………………………………………………………………**

**Duration of the internship: between 202……….……. and 202…………………
(12 weeks / 4 weeks)**

**Venue of the internship:……………………………………………………………………...**

**Person responsible for the student’s guidance during the internship: …………………………………………………………………………….………………. (name, position)**

**…………………., 202………………..**

 **…………………………………….**

 **signature**