

Certificate of Internship

(according to § 12 LABG of 12.5.2009 or §7 LZV of 18.6.2009 respectively)

From _____ to _____

Mr./Mrs. _____ student number: _____

successfully completed an internship at our school of at least 80 hours.

Name of school

Place, date

Signature of mentor or training coordinator, seal