**Appendix No. 6 to the Regulations of participation in the project and participation in the paid professional internships**

**CERTIFICATE OF INTERNSHIP COMPLETION**

I hereby certify that Mr./ Mrs.

**………………………………………………………………………….**,

Student of Poznań University of Life Sciences

has finished, in accordance with Agreement for Internship organisation No.:

**……………………………………………………………………………**,

internship **240** hours

in the period from: **...........................** to: .**..........................**

Opinion about the internship: **…………………………………........**

 *(positive / prominent)*

|  |  |
| --- | --- |
| *………………………………………………………………..**PLACE AND DATE* | *………………………………………………………………..**SIGNATURE AND COMPANY SEAL OF EMPLOYER* |