

Name of Institute/Organisation:

Name of Supervisor:.....

Address:

Telephone:

Email.....

Certificate of Internship

To be submitted to University of applied sciences and arts in Ottersberg

This is to certify that Ms/Mr, student of
University of applied sciences and arts in Ottersberg, has successfully completed the
internship in the department of.....at our
Institute/Organisation.....from.....to.....
Total.....hours.

Tasks and activities completed during the internship are:

.....
.....
.....
.....

Remarks:

.....

Place/ Date

Signature of supervisor
Organisation's official stamp