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

name of the Host Institution place, date

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

street, number

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

postal code, city/town

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

phone number

#### Certificate of student job-specific internship

I hereby certify that a student of the John Paul II Catholic University of Lublin:

(name and surname) …..........................................................................., student book No. ….........................

Faculty …........................................................................., field …....................................................................

(type and level of studies) …..............................................................................................................................

from …............................................. to…….. completed a job-specific

internship at (name of the Host Institution) ........................................................................................................

at (name of the organisational unit of the Host Institution) ................................................................................

during which he/she achieved the assumed learning outcomes:

*(here is a list of the learning outcomes achieved by the Intern, according to the list indicated in the internship journal)*

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

Host institution's stamp Signature of the Intern's Mentor