Closing document

for the completion of the professional internship (BTNT801BA) related to the International Studies Bachelor program

Data of the student participating in the professional internship

Student’s name:

Student’s Neptun ID:

Data of the person responsible for the professional internship

The person responsible for the internship:

Phone number:

Email address:

Certification of completion of the professional internship

I, the undersigned, certify that the student ………………………… has completed the mandatory 4-week (total of 120 hours) continuous professional internship required for the International Studies Bachelor program at the University of Debrecen, which was conducted in person at the following place and time:

Name of hosting organisation:

Address of hosting organisation:

Duration of the internship (day, month, year - day, month, year):

Tasks performed during the internship:

Recommended grade for the completion of the professional internship:

A short opinion from the person responsible for the internship on the student’s work (max 500 characters)

*(Date and Place of Issue)*

 ……Signature of the supervisor……

Printed name of the supervisor