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**Internship Completion Certificate**

**(to be filled by internship supervisor after the completion of internship)**

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| --- | --- |
| **Student** |  |
| **Institution (Name and address)**  |  |
| **Internship Supervisor (name Position and contact details)** |  |
| **Period of Internship**  |  |
| **Main tasks and duties of the intern**  |  |
| **Evaluation of Intern’s performance during the internship**  |  |
| **Other comments**  |  |

**This is to certify that the student has completed internship as indicated in this form**

Supervisor’s signature:

Date: