

### Internship Certification

I, Tutor in the Hosting Organization (name of the Tutor) .....  
 hereby declare that the Student (name of the Student) .....  
 enrolled in the Degree Course in .....  
 Registration No..... has done an internship of ..... Hours  
 at the Organization (name of the Organization) .....  
 from (dd/mm/yyyy) ..... to (dd/mm/yyyy) .....

**Please indicate the level of knowledge the Student reached at the end of the internship in relation to:**

	Not sufficient	Sufficient	Good	Excellent
<b>a) Relational/communication skills</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>b) Ability to organize and plan the working activities in relation with the tasks assigned</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>c) Specific technical skills</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**In a scale from 1 to 10, please indicate how much you are satisfied with the intern's work.**

Minimum ①②③④⑤⑥⑦⑧⑨⑩ Maximum

**Overall evaluation of the intern**

\_\_\_\_\_

\_\_\_\_\_

Date,.....

**Tutor in the Hosting Organization**  
*Stamp and signature*

.....