**Confirmation of Professional Experience Acquisition**

**Faculty od Business and Economics**

Name and surname: **Name and surname**

Date of birth: **Date of birth**

Pernament residence: **Permanent residence**

It is hereby certified that the student has duly completed, within his/her employment, the required internship to acquire professional experience in his/her field with **company name** with address of registered seat **address of registered seat.**

Total number of hours workers in the period of the year **period of the year** is **number if hours** (or enter the internship period from-to: **internship period**).

The student has been employee of the above named company since the year **year of entry** in the position **position in the company.** The student´s contracted workload is **hours/month** hours/month, see the attached **type of contract** and there is no running notice period applicable to the student´s employment.

The student performs the following tasks within his/her standard daily work activity:

* …………………………..
* …………………………..
* …………………………..
* …………………………..
* …………………………..

(or enter your own verbal description)

The work aktivity performed by the student requires use od the following skills (including but not limited to) sklil application.

In ……………….………… date ……………….

………………………………………….

Responsible representative of the student´s employer
(signature + seal)