



Debrecen, *day/ month/ year*

**TO WHOM IT MAY CONCERN
CERTIFICATE FOR INTERNSHIP**

Hereby it is certified that *Mr/Ms* _____ (*_____programme_____* BSc/MSc student,
Neptun-code _____, date of birth: *day/ month/ year*, place of birth: _____, mother's
name: _____) has to complete a *6-week/4-week* internship (vocational practice) which is
– according to the curriculum – a compulsory and integral part of the course of studies for
_____programme_____ BSc/MSc students.

Yours sincerely,

Zsolt Tiba PhD habil.

Dean's Representative for Foreign Affairs

tiba@eng.unideb.hu