

Internship Certificate

Name, date of birth

student of the _____ grade at the HÖHERE LEHRANSTALT *SOZIALMANAGEMENT
UND FACHSCHULE FÜR WIRTSCHAFTLICHE BERUFE DER STADT DORNBIRN (College for
Occupations in Social Management) has completed an internship during the summer vacation.

From _____ to _____ (_____ working hours per week).
(date) (date)

Sponsoring organization/ Institution:

Address/country: _____

Tel., E-Mail: _____

Contact: _____

The student worked in the following fields:

Date, signature and stamp of the institution