**Annex 3 to the Ordinance**

**Model of the internship completion certificate**

............................................................. .............................................................

*Name of the Host Institution place, date*

.............................................................

*street, number*

.............................................................

*postal code, city*

..............................................................

*telephone number*

**INTERNSHIP COMPLETION CERTIFICATE**

I hereby certify that a student of the John Paul II Catholic University of Lublin:

…....................................................................................,

*(full name)*

student book number ………………………............

Faculty …........................................................................ , Field of study …........................................

….............................................................................................................................................................

*(form and level of study)*

from .................................................... to .................................................................. underwent a professional internship

in ….........................................................................................................................................................

*(name of Host Institution)*

in ….........................................................................................................................................................

*(name of the Host Institution's organizational unit)*

during which they achieved the expected learning outcomes specified in the Internship Journal.

..........................................................

*Seal of the Host Institution*
*(signature of the Intern mentor)*