



BA Latin American Studies

Certification of internship

To be filled in by student:

Name: _____

Matriculation number: _____

E-mail: _____

To be filled in by internship:

Name of institution: _____

Address, place, country: _____

Name of supervisor: _____

The student has completed an internship with us

from _____ to _____ Attendance days ____ Absences _____

Place, Date

Signature, Stamp