

Warsaw, (date)

*First name and last name of the person giving the certificate: ...*

*The hosting scientific unit where the internship was implemented ...*

The Maria Grzegorzewska University

ul. Szczęśliwicka 40, 02-353 Warsaw

Poland

### **Certificate of completion of a scientific internship**

**in** (name of hosting scientific unit)

**the Maria Grzegorzewska University**

**by** (academic title / degree, first name and last name of the intern)

*(academic title / degree, name of intern) ...., academic teacher of (name of home university) .... completed a research internship at the Maria Grzegorzewska University from ... to (please specify time period in the format dd/mm/year).*

The internship supervisor was *(please provide academic title / degree, name of internship supervisor) ....*

The purpose of the internship was *(please specify purpose of internship) ....*

The internship programme included: *(please list in bullet points the main tasks completed during the internship as described in the implementation report)*

.....

Signature