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## Certificate

## of completion of professional student internship

This is to certify that Mr./Ms,
(Student ID No) student of Architecture on the I degree level conducted in
full-time/part-time* mode at the Faculty of Computer Science, Graphic Design and Architecture at
Vistula University, during the period from to at the Workplace
(Stamp or name and address of the Company/Institution):
completed a professional student internship totaling hours.
Independently completed, performed the following tasks:
Additionally, participated in the following tasks/activities:

\*Strike out incorrect









Characteristics of the student that the Workplace Supervisor of Internships considers to be:  1. Strengths				
2. Weaknesses:				
Proposed final grade for	or Mr./Ms		,	
(on a scale of $2.0 - 5.0$	)):			
	(number)	(in words)		
	Stamp and signatur	e of the authorized person represent	ting the Workplace	





