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Certificate of completion of professional student internship

This is to certify that Mr./Ms.,
(Student ID No) student of **Logistics** on the **I degree** level conducted in
full-time/part-time* mode at the Faculty of Business and International Relations at Vistula
University, during the period from tor. at the Workplace
(Stamp or name and address of the Company/Institution):.....

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completed a professional student internship totaling hours.

Independently completed, performed the following tasks:

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Additionally, participated in the following tasks/activities:

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***Strike out incorrect**

Characteristics of the student that the Workplace Supervisor of Internships considers to be:

1. Strengths

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2. Weaknesses:

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Proposed final grade for Mr./Ms.,

(on a scale of 2.0 – 5.0): (number) (in words)

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Stamp and signature of the authorized person representing the Workplace