Lublin, ………………………………

**STUDENT’S DETAILS:**

Name: ……………………………….…………..……

Course: ……………………………………….……….

Mode: …………………………………………….…….

Semester: ……………………………….……………

Address: ……………………………………….………

……………………………………………………….…….

Telephone no.: ……………………………….…..

E-mail address: …………………………………….

**CERTIFICATE OF COMPLETING APPRENTICESHIP**

I certify that Mr / Mrs / Miss ……………………………………………………………………………………………………………………………..

(Name)

The student of The University College of Enterprise and Administration in Lublin (WSPA)undertook apprenticeship in: ………………………………………………………………………………………………………………………………………….…

(Full Name of Institution)

From ……………………………………….to ……………………………………………

holding position: ………………………………………………………………………

Responsibilities:

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

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The opinion about the Apprentice:

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

(Institution’s stamp, Signature of Authorised Person)

Attachments

1. ………………………………………………………

2. ………………………………………………………