**Genetics and Bioengineering Department INTERNSHIP REGISTRATION CERTIFICATE**

**Picture**

**Student Number** : ……………………

**Name-Surname** : ……………………………………..………

|  |  |  |
| --- | --- | --- |
| **Information on the Institution/Company/Organization for Internship:** | | |
| **Name-Address:** | | |
| **Start date** | **End date** | **Total time** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Internship Department** | **Works/studies** | **Duration** |
|  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Evaluation** | **Grade (\*)** | **Reason** |
| Your opinion about the Student's Internship | Very good |  |
| Good |  |
| Average |  |

(\*) Please tick only one box.

|  |
| --- |
| Institution/Company/Organization official who approves (\*\*) |
| Title, Name-Surname, Signature Date: |

**(\*\*) To the attention of the authorized supervisor of the institution that will approve the internship:**

1. The total duration of the internship cannot be less than 20 (twenty) working days.

2. At the end of the internship, the internship document is filled and approved by the authorized supervisor of the institution where the internship is done and given to the student in a closed and wet signed envelope.