

.....,  
(city date)

.....

Stamp of the Company/Institution

### INTERNSHIP CERTIFICATE

(initial/basic/additional)

This is to certify that Mr./Ms. ....,

student of ..... year of the studies held at the Faculty of Psychology of the University of Warsaw,

has completed an internship in: .....

.....

from ..... to ....., ( ..... working hours).

During the internship, the student became familiar with the following:

- .....
- .....
- .....
- .....

During the internship, the following objectives were met (please circle at least four/five (four for initial internship/five for basic and additional internships):

1. to familiarize the student with the specificity of the professional environment,
2. to broaden the knowledge gained during the studies and to develop skills allowing the student to use it in practice,
3. to shape specific professional skills directly related to the place of internship,
4. to enhance effective communication in organizations skills,
5. to learn of the functioning of the organizational structure, principles of work organization and division of competence, procedures, work planning and control processes,
6. to improve the ability to organize one's own work, teamwork, effective time management, diligence, and responsibility for assigned tasks,
7. to enhance foreign language skills in professional situations.



General opinion about the intern:

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Stamp and signature of the person representing the Company/Institution