

## **Internship Certificate for the internship semester**

Internationale Hochschule Liebenzell - University of Applied Sciences, Bad Liebenzell

**Student name & student ID number:**

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**Undergraduate program:**

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**Internship site**

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Name and address or stamp

**The mentioned student has completed the internship semester according to the requirements given in the Internship Regulations in the period**

**From                      to                      .**

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**During this period,                      working hours were completed.**

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**The internship mentoring was provided by**

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**Internship Site:**

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Place, date, signature