

**Confirmation from the school**

Archive number \_\_\_\_\_  
\_\_\_\_\_ 20\_\_ year.  
(place and date)

To _____ _____ _____ _____
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**CONFIRMATION**

We confirm that the student \_\_\_\_\_  
from \_\_\_\_ - \_\_\_\_ class, occupation \_\_\_\_\_ is directed to perform  
practice in your facility in the period from \_\_\_\_\_ 20\_\_ year.

Class Head / Responsible person

Signature and stamp

\_\_\_\_\_

**NOTE:**

For irregularity or any improper, non-cultural or other conduct of the student, you should inform the school in due time through the following contacts:

E-mail:

Tel .:

Fax:

At the end of the practice, please **confirm this certificate** and send it to the school or give it to the practical training coordinator.

The object \_\_\_\_\_ confirms that student \_\_\_\_\_ from \_\_\_\_-\_\_\_\_class performed the practice in our facility from \_\_\_\_\_ till \_\_\_\_\_20\_\_year.

Other remarks and comments:

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Responsible person

Stamp

Head

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\_\_\_\_\_, \_\_\_\_\_20\_\_year.

(place and date)