



INTERNSHIP CERTIFICATE

Name of the Company / Organization:

Address:

Telephone:

Date:

Industry:

General Manager:

Marketing Manager:

Email:

Human Resources Manager:

Email :

Position:

Email:

Telephone:

Mobile:

Student

Name (both names)

Family name (both last names)

Banner code USFQ:

Mobile:

Major of Study:

Dates of attending the class:

NRC (Code of the Class):

CERTIFICATE

I, hereby _____ (Name of Business) Certify that the student _____ (Name of Student) has completed his internship for a period of _____ (months), full time, in the area of _____ within the dates of _____ until _____ year _____.

During this period the student has demonstrated to be:

Competencies	Excellent	Good	Average	Bad	Does not Apply
Academic Background (Knowledge)					
Problem Solving					
Quality of work					
Responsiveness to Requests for Service					
Use Of Technology					
Proactivity					
Decison Making					
Cooperation and Team Work					
Interpersonal Relationship					

Observations and Recommendations:

Signature:

Seal: