
(name of the organization)

(address and other details)

To the Dean of the Faculty of Economics and Business Administration
Vilnius University

CERTIFICATE

ABOUT _____

(Name and Surname of the employee)

COMPULSORY PROFESSIONAL INTERNSHIP PLACEMENT

_____-_____-_____ Nr. _____
(Date) (Registration nr.)
Vilnius

We hereby certify, that _____ since _____-_____-_____ works at
(Name and Surname of the employee) (Date)
_____ as _____, work contract Nr. _____.
(name of the organization) (position)

We confirm that the employee will be able to perform professional internship from the 5th of February 2024 till the 30th of April 2024 in accordance with the internship requirements of the employee's study programme _____.
(title of the study programme)

Internship supervisor at the institution is _____
(Position, Name, Surname)

(E-mail address)

(Phone number.)

(Title of Head of the organization)

(Signature)

(Name, Surname)

A.V.

(Stamp)