



header stamp of the entity where the internship was done

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place, date

CERTIFICATE

We hereby inform that Mr. / Ms. has completed their professional internship consistent with the planned discipline of education at the CUT Doctoral School (discipline: architecture and urban sciences)* in the period:

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(dd.mm.yyyy – dd.mm.yyyy)

During the internship, Mr. / Ms. realised the following works:

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Notes:

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Signature and stamp of the person authorised to supervise internships in the area of architecture and urban sciences

* Education at the CUT Doctoral School in discipline: architecture and urban sciences may only be undertaken by a person who has completed a professional internship of no fewer than 6 months compliant with the requirements specified in the recruitment conditions.