\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(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 4th of February 2025 till the 11th of April 2025 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)