**Traineeship Certificate**

**Pannónia Scholarship Programme**

On behalf of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the host Company),

I hereby certify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the exchange student)

was a registered visiting intern within the Pannónia mobility programme during the period

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/month/year) until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(day/month/year).

Confirmation of the presence clinics for practice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course unit code | Practical TrainingDepartment of Clinic | Duration of practice (days) | Fulfillment | Achievement (Grade if possible) |
|  | Small Animal Medicine **– Internal Medicine** (elements of Infectious diseases) |  | fulfilled – Excellent (5) |
|  | Small Animal Medicine – **Obstetrics** |  | fulfilled – Excellent (5) |
|  | Small Animal Medicine – **Surgery** |  | fulfilled – Excellent (5) |
|  | Number of Total days: |

………………………….. ……………………………...... ……………………….

 Date Signature of Erasmus officer Stamp of institution

NB: This document is not valid without the signature of the registrar/dean/administration officer and the official stamp of the institution.