

Confirmation of attendance during the internship for Master's thesis

We hereby confirm that the student

Family name:..... **Given names:**

Registration number:..... **Date of birth:**

in our company,

name of company:

address:

department:

has completed at least 50 days of presence (excl. vacation days or sick leave), as part of his/ internship for Master's thesis.

Name supervisor at the company:

.....
Date/Stamp and signature of Supervisor