

[Institution Name]
[Department / Office]

Student Internship Achievement Certificate

This certificate is proudly presented to

[Student Full Name]

Student ID [ID Number]
Program [Study Program]
Internship Period [Start Date] – [End Date]
Host Organization [Company/Organization Name]
Project/Role [Description]

In recognition of the successful completion of the internship program,
[Student Full Name] has demonstrated commitment, professionalism,
and achievement in assigned tasks.

We extend our deepest appreciation for the outstanding performance
and valuable contribution throughout the internship period.

Date: [Certificate Date]

[Supervisor Name]
Internship Supervisor

[Coordinator Name]
Program Coordinator