

# ACADEMIC INTERNSHIP TRAINING CERTIFICATE

[Institution/University Name]

This certifies that

Name of Intern : \_\_\_\_\_

Student ID : \_\_\_\_\_

Program/Degree : \_\_\_\_\_

Department : \_\_\_\_\_

Internship Organization : \_\_\_\_\_

Internship Period : From \_\_\_\_\_ To \_\_\_\_\_

Total Hours Completed : \_\_\_\_\_ hours

has successfully completed academic internship training as per the requirement of the above-mentioned program.

Date: \_\_\_\_\_

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Internship Supervisor

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Head of Department