***INTERNSHIP CERTIFICATE
OF COMPLETION***

*This is to certify that (Student Name, Surname and his/her Student ID)* *, a student from the Faculty or Maritime Studies and Transport of the Ljubljana University, having his/her permanent address in/at (The Home Address)* *,has successfully completed the mandatory internship providing* ***245 hours*** *of professional practice in/at (the Company Name and Address)* *, represented by its CEO/Director/Manager (Name and Surname)* *.
The internship was conducted between* *and*      .

(Place and Date) : Signature and Stamp:

In/At       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_