

**CONFIRMATION ON THE COMPLETION  
OF VOLUNTARY PRE-CLINICAL PRACTICE**

**Name and surname of the student:**

.....

**Year of study and study programme:**

.....

I hereby certify that the above mentioned student of the University of Veterinary Medicine and Pharmacy in Košice, Slovak Republic, registered in General Veterinary Medicine study programme, has completed a voluntary pre-clinical practice from ..... until ..... in the duration of ..... hours/days.

**Name of the workplace:**

.....

Address: .....

Telephone number: .....

E-mail: .....

**Name of the practice supervisor (name, surname, academic and scientific degrees):**

.....

Additional comments and short description of the supervising workplace:

**Date:** .....

**Stamp and signature:**

Attachment: List of procedures and activities performed during voluntary pre-clinical practice

**Name and surname of the student:**

.....

**Year of study and study programme:**

.....

**List of procedures and activities performed during voluntary pre-clinical practice:**

**Name of the practice supervisor (name, surname, academic and scientific degrees):**

.....

**Date:** .....

**Stamp and signature:**