



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

Name and surname of student:

.....

Permanent address:

Study programme and year of study: General Veterinary Medicine / year of study:

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

Name of the facility:

.....

Address:

Telephone number:

E-mail:

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

.....

Additional comments:

Date:

Stamp and signature: