



**CONFIRMATION ON THE COMPLETION OF  
PROFESSIONAL PRACTICE**

Name and surname of student:

.....

Permanent address: .....

Study programme and year of study: Animal Science / 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 continuous professional practice: Practical training II. from ..... until ..... in the duration of ..... hours.

Name of the facility / veterinary practice:

.....

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: