



**CONFIRMATION ON THE COMPLETION OF
PROFESSIONAL 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 continuous professional practice:* Professional practice I. – Professional practice II. – Professional practice III. from until in the duration of hours.

* inappropriate to be crossed out

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):

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Additional comments:

Date:

Stamp and signature: