

**CONFIRMATION ON THE COMPLETION
OF MANDATORY EXTRAMURAL PROFESSIONAL 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 an extramural professional practice from until in the duration of hours/days.

Name of the veterinary practice:

.....

Address:

Telephone number:

E-mail:

Name of the supervising veterinary surgeon: (name, surname, academic and scientific degrees):

.....

Additional comments and short description of the veterinary practice (supervising workplace):

Date:

Stamp and signature: