

CONFIRMATION ON THE COMPLETION OF VOLUNTARY PRACTICE

Name and surname of the student:

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Year of study and study programme:

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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 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: