

**CONFIRMATION ON THE COMPLETION
OF EXTRAMURAL PROFESSIONAL PRACTICE**

Name and surname of student:

.....

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 practice:

Date:

Stamp and signature: