

# CONFIRMATION OF COMPLETION OF EXTRAMURAL PRACTICE

**Name of the student:**

Academic year:

Year of study:

**Name of the veterinary practice:**

Address:

Telephone number:

Email:

**Duration of the extramural practice (from – until):**

**Number of hours spent at the practice:**

**Name of the supervising veterinary doctor:**

**Short description of the practice:**

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**Date:**

**Signature:**