



UNIVERSITY
OF WARSAW



**Cognitive
Science**

FACULTY OF PSYCHOLOGY UW
FACULTY OF PHILOSOPHY UW

Date and place

Stamp of the Company/Institution

INTERNSHIP CERTIFICATE

I hereby confirm that Mr/Ms _____, a student of the Cognitive Science programme (i.e., the Intern), has completed an Internship at _____ (the name of the Company/Institution) and served ____ hours from _____ to _____ (the Internship period).

During the Internship the Intern got introduced to the following topics:

- _____
- _____
- _____
- _____
- _____

General opinion about the Intern:

Stamp and signature of the person
representing the Company/Institution