



UNIWERSYTET
WARSZAWSKI



**Cognitive
Science**

FACULTY OF PSYCHOLOGY UW
INSTITUTE OF PHILOSOPHY UW

.....

(date and place)

.....

Stamp of the organisation/ institution

INTERNSHIP CERTIFICATE

I hereby confirm that Mr / Ms, a II year student of Cognitive science programme, has completed internship at (*name of the Host Organisation*) and served ... hours from to (*internship period*).

During the internship the student got introduced to the following topics:

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General opinion about the intern:

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Stamp and signature of the person representing the Company/Institution