Confirmation of Hours Worked during an Internship

First name, LAST NAME	:	
Place of work:		
Date	Start Time / End Time	Number of Hours Worked
Date	Start Time / End Time	Number of flours Worked
Total number of hours	worked:	
I confirm that the above-named student worked (number in words) hours during his		
meet the objectives spe	ecified in the internship modul	ned by the student during this time e description, and that their tencies also listed in the module
Date N (Please use several form	lame of the Supervisor	Signature of the Supervisor