



INTERNAL INTERNSHIP COMPLETION CERTIFICATE

Trento, _____

I declare that the student

_____ UNITN matriculation number _____ enrolled in the _____ year of
the course

has successfully completed under my supervision the internal internship, authorized
on _____
title:

during the period _____

and **ask** to assign _____ CFU for this type of the internship, provided

final report enclosed

exemption from the final report (*whereas the training is an integral part of the
elaborate work for the final exam*)

Name and surname of Supervisor _____

Supervisor Signature _____



UNIVERSITÀ DEGLI STUDI
DI TRENTO

**Dipartimento di Ingegneria e
Scienza dell'Informazione**

Student Signature _____

Trento, _____

The form must be submitted to the Office for Educational Offer and Students Management
– Mathematics, Physics, Biology and Information Engineering and Computer Science