

Name of Institute:.....
Mentor:.....
Institute /Organization:.....
Street:.....
City:.....
Telephone, Email:.....

Certification of Placement

To be submitted to Ottersberg University of Applied Sciences

This is to certify that the student of Ottersberg University of Applied Sciences,
....., was Student in placement
from till
at our Institution/Organization.....
in the following department(s).....
The training period lasted hours.

Basic-placement / project General-placement / project

The tasks and activities of the student in placement included:

.....
.....
.....
.....

Remarks:.....
.....

Place/Date

Signature of Mentor,
Institution's stamp