



## **Confirmation of completion of the externship for students of the Vetsuisse Faculty University of Zurich (Switzerland)**

The student and the person responsible for the internship complete the confirmation together. The confirmation must be submitted electronically ([studiensekretariat@vetadm.uzh.ch](mailto:studiensekretariat@vetadm.uzh.ch)) to the Student Administration Office after completion of the internship.

### **Student**

Name

Student ID number

### **Institution / organization in charge of externship**

Name and address of supervising institution / organization and name of veterinarian in charge

Company logo / Stamp

### **Confirmation**

The supervisor confirms that

has fully completed his/her externship of a total duration of (number) workdays.

From

to

Place / date

Place / date

Name, Surname of supervisor

Signature of supervisor

Signature of student