



## INTERNATIONAL MOBILITY TRANSCRIPT OF WORK

*(to be completed by the receiving institution)*

We herewith confirm that student

Students name: .....

Address: .....

Has carried out placement at our organization

Name of company: .....

Type .....

Address: .....

Country: .....

The placement took place from ..... till .....

His/her tasks were:

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Acquired competences and skills:

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Total working time: ..... hours/day; ..... days a week; ..... hours in total.

Name and function of the internship provider: .....

Signature: ..... Date and Place: .....