

Internship Supervisor Certificate

As **Internship Supervisor**, I, the undersigned, (Complete in capital letters, please):

[Agency Name]

[Type of activity]

[Address]

[Website]

[Internship Supervisor's Last Name, First Name]

[Phone]

[Email]

Certify **the student** registered in MASTER at the Faculty of Architecture at Université Libre de Bruxelles

[Last Name]

[Sex] F / M

[First Name]

[Nationality]

[Identification Number ULB]

[NISS]

[Address – Residence Location]

[Phone/GSM]

[Email ULB]

[Email Other]

Has performed their internship well in my professional facilities.

This internship was held :

- 1 period: 5 weeks of 5 days of 8 hours
From [start date] to [end date]
- 1 period: 9 weeks of 5 days of 8 hours (ERASMUS +)
From [start date] to [end date]
- Other: 5 weeks of 5 days of 8 hours (minimum)
From [start date] to [end date]

Internship Supervisor's Signature and
Company Stamp

Dated :