**FROM: (name of internship institution [FYPA])**

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**TO**

**Department of Biomedical Sciences, University of West Attica (UniWA)**

# CERTIFICATE OF ACCEPTANCE OF STUDENT FOR INTERNSHIP

The undersigned Legal Representative of Institution of Internship with data:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Institution:** |  | | | | |
| **VAT no of Institution:** |  | | | | |
| **Address:** |  | **Postcode:** | | | **City:** |
| **Phone:** |  | | | **E-mail:** | |
| **Supervisor of the Internship:** |  | | | | |
| **Position in the Institution:** |  | | **Phone:** | | |

I declare that we accept the student Krisi Demiri of your Department in order to carry out his Internship for the period from: 01/03/2022 to: 01/07/2022

The student's insurance will be covered by the Institution of Internship

The subject of the Internship will be (write a short description):

Medical Laboratory Internship is a period of experiential learning where the student of the Biomedical Sciences/Medical Laboratory Sciences is trained in the clinical diagnostic laboratory to acquire the knowledge, skills, and competencies required to function as an independent Medical Laboratory

**Authorized Signature**