



Medika College for Vocational Studies in Healthcare
8 Mitropolita Petra Street, Belgrade, Serbia
www.medika.edu.rs

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:

Acquired competences and skills:

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

Name and function of the internship provider: _____

Signature: _____

Date and Place: _____