

Certificate of Successful Internship

This is to certify that

Name of Intern

1. **What is the primary purpose of the study?**

has successfully completed an internship at

Company/Organization Name

1. **What is the primary purpose of the study?**

during the period:

Internship Period (e.g. January 1, 2024 - March 31, 2024)

ANSWER

Given this day:

Date

1. **What is the primary purpose of the study?**

Signature

Company Seal/Stamp