

CERTIFICATE OF PROFESSIONAL PRACTICE

| | | |
|---|---|------------------------------|
| First name and surname | | |
| University Number of Person | | Mobile |
| Semester | | Code(s) of practice |
| Provider | Name: IDNo: Address: Represented by: | |
| The practice took place (from – to) | | Total number of hours |

| | |
|---|-------|
| Date of delivery of the certificate to the student | |
| Signature of the Provider | _____ |

Dear Provider, we would like to thank you for your cooperation in the training of our students. We would also appreciate your feedback on the student's performance during the professional practice. If you are interested in providing us with this evaluation, please contact Mgr. Kateřina Daněčková – email: katerina.daneckova@law.muni.cz, tel.: 549 49 7003.

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|---------------------------------|-------|
| Signature of the student | _____ |
|---------------------------------|-------|

Insert the certificate in the interactive syllabus for the Professional Practice Course. After checking the Professional Practice Certificate, the Professional Practice Course will be entered into the IS.