Hungarian University of Agriculture and Life Sciences,

Institute of Landscape Architecture, Urban Planning

and Garden Art, Budapest

Master of Arts In Landscape Architecture and Garden Design Program

**C E R T I F I C A T E**

**of Completion of Traineeship**

**Name of Student:**: ………………………………………………………... Neptun Code: …………………

**Programme name:** …………………………………………………………………………………………………..

**Name of Host Institution / Company:**…..……………………………………………………………………………………………….………………….......................................................................................................................................................

**Address**: …………………………………………………………………………………………………………………

**Name of Director / CFO**…………………………………………………………………………………………………...

**Training Period:**

……………………………………………………………………………………………………….........................

**The above named Student has fulfilled the requirements of the Traineeship.**

**Date:** ………………………………

P.H.

…………………………………………….

Business signature

\* please underline!