

WORK EXPERIENCE CERTIFICATE

The European School of Brussels I
certify that:

.....
(*Student's full name*)

Class *Section*

has undertaken a week of Work Experience at the

.....
(*Employer's full name*)

from / / 2022 to / / 2022

The student successfully completed all the tasks assigned during the work experience.

The trainee's performance was looked upon very favourably by the employer.

Brussels, / / 2022

Mrs. Susanne Künster
Deputy Director of EEB1



FACSIMILE