

CERTIFICATE OF INTERNSHIP

① Certificate of internship



CERTIFICATE OF INTERNSHIP
to be given to the student at the end of the internship

HOST ORGANISATION

Company name:
Address:
.....
☎
.....

Certifies that

THE INTERN

Lastname: Firstname: Sex: F M Date of Birth: ___ / ___ / _____

Address :
.....
☎ email:

ETUDIA STUDENT OF (title of the programme followed by the intern) :

AT (name of the educational institution):

TOULOUSE SCHOOL OF MANAGEMENT – TOULOUSE I CAPITOLE UNIVERSITY

he/she has completed an internship as part of his/her studies

DURATION

Start and end dates of the internship: **From** **To**

Representing a **total duration** of months / weeks (delete as appropriate)

The total duration of the internship is assessed by taking into account the actual presence of the intern in the organisation, subject to the rights to holidays and permission to be absent as specified in Article L.124-13 of the Education Code (Article L.124-18 of the Education Code). Each period of at least 7 hours of presence, whether consecutive or not, is considered equivalent to one day of training and each period of at least 22 days of presence, whether consecutive or not, is considered equivalent to one month.

AMOUNT OF GRATIFICATION PAID TO THE INTERN

The intern received an internship gratification for a **total amount** of €

The **certificate of internship** is essential in order to take into account the internship in the pension rights, **subject to the payment of a contribution**. The legislation on pensions (law n°2014-40 of 20 January 2014) gives students whose internship was rewarded the possibility of having it validated up to **a limit of two quarters**, subject to the **payment of a contribution**. The **application** must be **made by the student within two years of the end of the internship** and must be accompanied by the **internship certificate** stating the total duration of the internship and the total amount of the bonus received. Precise information on the contribution to be paid and the procedure to be followed should be requested from the social security authorities (Code de la sécurité sociale art. L.351-17 - Code de l'éducation art..D.124-9)

MADE IN **DATE**.....

Name, function and signature of the representative of the host organisation