



Høgskolen i Molde
Vitenskapelig høgskole i logistikk

Confirmation

completed clinical placement

Name of student:		
Study program:		
Class:		
Clinical placement period	from (date):	to (date)
Name and address of place for clinical placement:		
We hereby confirm that student _____ has completed her/ his clinical placement period in accordance to prior agreement.		
Date:	Sign:	