



**Université Savoie Mont Blanc**  
International Relations Department – DRI  
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France

**CERTIFICATE**

*I, the undersigned, (NAME, first name) .....*

A legal representative of (company) .....

Certify that the student

(NAME, first name of student) .....

Will be paid the monthly sum of (Net amount) ..... (Please specify currency)

during his / her placement (internship) which took place in our company

from (day/month/year) ...../...../20

to (day/month/year) ...../...../20

At ....., on the (day)...../.....(month)...../20

(signature, **and official stamp**)

*To be returned to : 1 original to the International Relations Department-DRI.*