



Certificate of shorter practicum

Name of the student:

Date of birth:

First day of practicum:

Last day of practicum:

School:

City:

Supervisor (LLU):

Phone number:

By signing this document, I hereby certify that it is possible to assess the student's learning outcomes during a shorter practicum due to going abroad.

Signature..... Date.....

Scanned version and electronic signatures are accepted. Please send the completed form to Teacher Education at Karlstad University. Email: internationellt.lararutbildningen@kau.se