

Firm Name
Address
Phone Number
Fax Number
Email Address

DD/Month/Year

I, **[Supervisor Name]** confirm that **[Student Name and ID]** has completed the following days' Practical Experience at **[Firm Name]**.

| Days | Date | Full/Half Day | 28. | | | 55. | | |
|------|----------|---------------|-----|--|--|-----|--|--|
| 1. | DD/MM/YY | Full Day | 29. | | | 56. | | |
| 2. | 12/12/13 | | 30. | | | 57. | | |
| 3. | | | 31. | | | 58. | | |
| 4. | | | 32. | | | 59. | | |
| 5. | | | 33. | | | 60. | | |
| 6. | | | 34. | | | 61. | | |
| 7. | | | 35. | | | 62. | | |
| 8. | | | 36. | | | 63. | | |
| 9. | | | 37. | | | 64. | | |
| 10. | | | 38. | | | 65. | | |
| 11. | | | 39. | | | 66. | | |
| 12. | | | 39. | | | 67. | | |
| 13. | | | 40. | | | 68. | | |
| 14. | | | 41. | | | 69. | | |
| 15. | | | 42. | | | 70. | | |
| 16. | | | 43. | | | 71. | | |
| 17. | | | 44. | | | 72. | | |
| 18. | | | 45. | | | 73. | | |
| 19. | | | 46. | | | 74. | | |
| 20. | | | 47. | | | 75. | | |
| 21. | | | 48. | | | 76. | | |
| 22. | | | 49. | | | 77. | | |
| 23. | | | 50. | | | 78. | | |
| 24. | | | 51. | | | 79. | | |
| 25. | | | 52. | | | 80. | | |
| 26. | | | 53. | | | | | |
| 27. | | | 54. | | | | | |

| | |
|-------------------------------|----------------------------|
| [SUPERVISOR SIGNATURE] | [STUDENT SIGNATURE] |
| [PRINT NAME] | [PRINT NAME] |
| [DATE] | [DATE] |

***Please note – The list of days worked must be on the company letterhead. The original copy needs to be provided.**