NAME AND LOGO OF THE COMPANY

# STATEMENT

We declare that **NAME OF THE INTERN,** enrollment number**...........,** student of the........................Undergraduate Program of the Universidade Federal de Viçosa,received training at the **(name of the company),** from xx/xx/xxxx to xx/xx/xxxx. Total number of hours worked: ..........................................

**Activities Developed:**

**● ...................................................................................................**

**● ........................................................................................................................................**

**● .........................................................................................................................................**

**● .........................................................................................................................................**

**● ..........................................................................................................................................**

City, date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Granting Company

(Signature and stamp)