

	
Politechnika Krakowska im. Tadeusza Kościuszki Cracow University of Technology with its seat in Cracow	
<h1>CERTIFICATE</h1>	
OF COMPLETION OF THE TRAINING	
ISSUED IN THE REPUBLIC OF POLAND	
Mr./Ms. _____	
Date of birth: _____	
Place of birth: _____	
Subject of the training: _____	
Duration of the training: _____	
	
	
(name stamp and signature of the head of the organizational unit organizing the training)	
Cracow, on _____	Number _____

List of topics covered in the training with the number of hours for each topic