

Master in Wealth Management

Internship Certificate

STUDENT		
Last name (Ms./Mr.):		First name:
Email:	@etu.unige.ch	Registration No.:
COMPANY		
Name:		Website:
Mailing address:		
Internship supervisor:		
completed an internship of _	s./Mr weeks at our company from confirm that the internship consisted of	has successfully until the following activities:
Date:	Company's signature:	

Please send the completed and signed document to the GSEM Student Services, Uni Mail, 3rd floor, Office 3287A, or by email to gsem-wealth-management@unige.ch.