

REGISTRATION FOR AN INTERNSHIP/WORK EXPERIENCE

Last name, first name: _____

Matriculation Number
(*Matrikelnummer*): _____

Major/course of studies: _____

Institution/firm where the internship or work experience took place:

Address: _____

Person responsible for you, and their position within the institution/firm:

Period: from _____ till _____

Total number of hours to be worked: _____

Activities and
functions
(in all likelihood): _____

The internship/work experience can be accepted and accredited.

(Date, signature of the person within the department responsible for
overseeing internships/work experience)

**CERTIFICATION BY THE INSTITUTION/FIRM PROVIDING THE
INTERNSHIP/WORK EXPERIENCE**

Ms./Mr. _____

has successfully completed an internship/ work experience with:

(Name and Address _____
of the Institution or _____
firm Providing the _____
internship/ Work _____
experience.) _____

The internship/work experience lasted _____ weeks, and a total
of _____ hours were worked.

(Date/Signature)



ANERKENNUNG DES PRAKTIKUMS

Frau/ Herr _____
Immatr.-Nummer: _____
hat in der Zeit von _____ bis _____
das Pflichtpraktikum absolviert.

Das Praktikum umfasste Stunden _____.

Das entspricht laut Studienordnung _____ Studienpunkten.

Die Bestätigung des Praktikumsgebers und der Praktikumsbericht liegen vor.

Praktikum im Bachelor-Studiengang

(Datum, Unterschrift der/des Praktikumsbeauftragten des Faches)

