

University of Applied Sciences

Application and confirmation form for an internship accompanying a programme of study

To be completed by the student:

	1							
Surname								
First Name								
Student ID								
Date of Birth								
Street								
Post / Zip code								
Telephone								
E-mail								
Suggested internship s HTW Berlin	upervisor at							
Semester	SS		ws					
The internship relates to the following modules:								
I certify that I have	successfully cor	nplet	ed all of the modules	require ogramn	ed by tl	ne ndertak	e an	
internship as stipula	ted by the relev	ant r						
I still need to complete the following modules:								
				_	ı			
This application is subject to exceptional circumstances.						No		
Date / Signature of Student								

Surname		First nam						Studer ID	nt	
Internshi	p Organisati	on Details (to be		d in by	the ir	nte			1)	
Internship organisati (company										
Street	<u>, </u>									
Post / Zip	code									
Contact a Organisat	t Internship ion									
Telephone)									
E-mail										
Internship duration as stated in internship										
contract			From			٦	Го			
Area of W	ork / Departn	nent								
Function of Intern										
Confirmation from internship organisation Date / Signature / Stamp										
HTW Berlin hereby recognises the suitability of the internship organisation described and confirms that the internship is compulsory as stipulated by the <i>Praxisordnung – PraxO</i> (HTW Berlin regulations governing internships) in connection with the study regulations of the programme:										
The duration of the internship is stipulated as weeks.										
Programm	ne Internship	Coordinator								
				Date / Signature						
Confirma	tion from the	internship org	anisa	ation:						
Mr/Ms										
has completed an internship of the duration specified above at our organisation. The duties allocated to the intern were satisfactorily completed, see internship assessment.										
Confirmed	by:									
Mr/Ms							Date/Signature	e/Stam	р	

Certificate of the successful completion of a programme-accompanying internship (Please send original to the examinations department!)

The internship assessment from the internship organisation and the student's internship report have been presented to me and meet the requirements stipulated by the study regulations.

Confirmation from the internship supervisor

Programme Internship Coordinator

Date/Signature