

University of Applied Sciences

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

To be completed by the student:

	T										
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 completed all of the modules required by the programme to undertake an											
internship as stipulated by the relevant regulations governing internship applications.											
I still need to complete	the following mo	dules	:								
				T		1					
This application is subj	mstances.	Yes		No							
Date / Signature of Student											

Surname		First name			Student ID				
Internship Organisation Details (to be filled in by the internship organisation)									
Internship organisati (company									
Street									
Post / Zip	code								
Contact a Organisat	t Internship ion								
Telephone	9								
E-mail									
	duration as	stated in internship							
contract			From		То				
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					
Confirmation from the internship organisation:									
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/Stamp					

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