

**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 \_\_\_\_\_  
Immatrikulationsnummer: \_\_\_\_\_  
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*

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(Datum, Unterschrift der/des Praktikumsbeauftragten des Faches)

