

Confirmation of Internship

In accordance with § 4, No. 5 of the Study and Exam Regulations of the Fachhochschule Stuttgart (University of Applied Sciences) – Hochschule der Medien.

Applies to: 1st Practical Internship 2nd Practical Internship

Please submit to the:

Fachhochschule Stuttgart – Hochschule der Medien
University of Applied Sciences
Student Trainee Office for the Study Course
Nobelstr. 10
70569 Stuttgart, Germany

Mr. / Ms. _____

Matriculation Number _____

Date of Birth _____

Study Course / Major _____

It is herewith confirmed that he/she worked in our company from _____ to _____.

During this time, he/she was able to obtain practical experience in the following departments (brief summary):

He/ she was mostly working (type of responsibility): independently assisting learning / observing _____

Absentee/Sick Days _____ Leave/Vacation Days _____

Date / City

Signature

Company Rubber Stamp

To be filled out by the Hochschule der Medien - University of Applied Sciences

The practical internship will be approved:

Yes No

Signature, Head of Student Trainee Office / Date

Comments: _____
