

Confirmation of Internship

for the study at the Stuttgart Media University

winter term 20... /20...

summer term

Student

Mr. / Ms.:

Email:@hdm-stuttgart.de

Matriculation Number

Study Course

Company

Name / Address / Country / Website

.....
.....
.....
.....

Herewith we confirm that the student worked in our company

from to Absentee/Sick Days (including Vacation Days)

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

.....
.....
.....
.....
.....

Date, City

Signature / Company Rubber Stamp

To be filled out by the Stuttgart Media University
- University of Applied Sciences-

- the practical internship will be approved
- independant studies during internship semester will be approved
- the practical internship will n o t be approved
- independant studies during internship semester will n o t be approved

Remarks:

Date:

Signature