Praktikantenamt Weihenstephan

COVER SHEET internship report

Praktikantenamt Weihenstephan - Alte Akademie 1 - 85354 Freising

To be filled in by student! **Please fill in the address field on the left!**

Student:

student ID number | date of birth | semester

email | phone

course of study | key focus

Company:

name / company / department

address

email | phone

Duration: from _____ to _____ (= _____ weeks)

I hereby declare, that I completed the report myself and included any source used herein. This internship has not already been recognized for the achievement of another degree.

place, date | signature student

To be filled in by internship company!

Duration of the internship: _____ to _____

Absence (days off work): _____

The internship was completed **successfully**.

place, date | signature company

To be filled in by Praktikantenamt Weihenstephan!

Comments: _____

A time sheet was ☐ / was not ☐ submitted.

The above internship has been recorded with _____ weeks.

Freising, _____

date | signature | receipt stamp

Praktikantenamt Weihenstephan - Alte Akademie 1 - D-85354 Freising
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