



RECOGNITION OF THE BASIC INTERNSHIP

Date:

female male diverse

Last name:

First name:

Matriculation number:

Degree programme LT WIL IIW

Semester:

E-Mail address:

Was the internship completed abroad? Yes No

Was the internship completed abroad prior to the degree programme?

Yes No

Filled by the degree programme coordinator:

Fulfillment of duration (8 weeks): Yes No

if no, remaining weeks:

Submission of original contract: Yes No

Notes: