

Internship Report

Course of Study: _____

Summer / Winter Semester _____

at the following Company / Organization

Subject of the Report

Trainee:

(Name, First Name)

(Signature)

(Date)

Acknowledgement by Trainer:

(Name, First Name, Function)

(Signature)

(Date)

COURSE OF STUDY _____

SEMESTER _____

NAME _____

DATE OF BIRTH _____

MATRICULATION NO.: _____

ACKNOWLEDGEMENT OF INTERNSHIP and of the INTERNSHIP REPORT IN THE

SUMMER / WINTER SEMESTER _____ (year)

COMPANY / ORGANISATION:

STAMP:

Department _____ from _____ until _____ (= _____ weeks)

Department _____ from _____ until _____ (= _____ weeks)

Department _____ from _____ until _____ (= _____ weeks)

Department _____ from _____ until _____ (= _____ weeks)

Department _____ from _____ until _____ (= _____ weeks)

Department _____ from _____ until _____ (= _____ weeks)

Department _____ from _____ until _____ (= _____ weeks)

Absences:

_____ days / weeks. Reason _____

Report recognized by organization:

(Date)

(Company Stamp and Signature)

Report recognized by University of Applied Sciences Ansbach:

(Date)

(Tutor's signature)

Certificate

by the Company / Organization

on

PRACTICAL TRAINING

WITHIN THE INTERNSHIP SEMESTER

Mr / Ms _____ Matriculation No. _____

Date of Birth _____ Place of Birth _____

Student at UNIVERSITY OF APPLIED SCIENCES ANSBACH

Course of Study _____

has successfully

passed / not passed*

the practical training within the internship semester

at _____
Company / Organization

Department / Division

* Reasons _____

For the following reasons, _____ weeks/_____ days were not fulfilled:

(1 working day = 0,2 week; public holiday and lessons are counted as working days).

Place

Date

Signature Training Supervisor

Company / Company Stamp