

# Registration Form

Appointment for trainees for the practical semester (internship)

Faculty:  Economics and General Sciences  Engineering Sciences

Course of Study:

Name of Institution:

Address of the institution (including subsidiaries etc. where the internships take place)  
and contact person for applications:

Telephone:

Homepage:

E-Mail:

Country/State:

Ident-Nr. (will be issued by the University): .....

Range of products or different areas of responsibility at the institution:

.....  
.....

Do you regularly offer internships ?  yes  no

Do you agree with the publication of the above-mentioned data in the Intranet of the University  
(online-search for internships)?  yes  no

Total number of **full-time** employees at the institution: .....

.....  
Place, Date

.....  
Signature

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## Authorization of the University

Fully approved

As exceptional case approved

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Ansbach,

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(The representative for practical semesters)