Registration form for recording internship positions in the practical semester



Faculty Media	Faculty Technologies	Faculty Ed	Faculty Economics		
Course of study:					
Name of institution:					
Address of the institution ((including subsidiaries et	c. where the int	ernship takes place):		
Telephone:					
Homepage:		E-Mail:			
Range of products or diffe	rent areas of responsibili	ty at the institut	ion:		
Do you regularly offer inte	rnships?	yes	no		
Do you agree with the pub mentioned data in the Intra (online-search for internsh	anet of the University	yes	no		
Total number of <u>full-time</u> e	mployees at the institution	n:			
thereof with commercial or	r business management t	asks:			
Place, Date			Signature institution		
Authorization of the University	rsity				
Fully approved As ex	ceptional case approved				
	ocphonal case approved				