

Please send this exclusively via your university email address to:

praktikum@th-ab.de

The Student Office reserves the right to request the original document in individual cases.

Certificate of the educational institution

about the practical training within the practical study semester

Name _____

born on _____ in _____

Degree programme _____

has in the period from _____ to _____ (total _____ weeks) as

Internship Position

Department

completed the practical training within the practical study semester.

Entries of any absences:

Brief information on leadership and performance (the activities carried out are the subject of the internship report):

Place

Date

Signature of the training coordinator

Company/Company seal