

Hof University of Applied Sciences

Study course: -----

Semester: -----

R E P O R T

on the

internship

in the summer-/ winter semester _____

at the company

Student on placement:

(Last Name, First Name)

(Signature)

(Date)

Supervised,
instructor:

(Last Name, First Name, Function)

(Signature)

(Date)

CERTIFICATE

of the training company
about the internship

Mr / Ms _____ Matriculation N° _____
born on _____ in _____

student of Hof University of Applied Sciences

study course _____

has completed his / her internship

from _____ to _____ (= _____ weeks)

at _____
(training company)

(division / department / supervision)

successful / without success *

* in case of failure please name reason _____

Place

Date

Signature of training instructor / supervisor

Company / stamp of the company

Hof University of Applied Sciences

Study Course:

Semester:

Last Name / First name _____ Matriculation N° _____

Date of Birth _____

**Confirmation of the internship
during the summer- / winter semester** _____

Training company

department / division _____ from _____ to _____ (= ____ weeks)

department / division _____ from _____ to _____ (= ____ weeks)

department / division _____ from _____ to _____ (= ____ weeks)

department / division _____ from _____ to _____ (= ____ weeks)

department / division _____ from _____ to _____ (= ____ weeks)

Absent from work:

____ days / weeks because of _____

Date

Stamp and signature of the training company

Report acknowledged by Hof University of Applied Sciences:

Date

Signature of the instructor for the practical work semesters