

**Application for internship to accompany course of study**

To be completed by student

Surname			
First name			
Student ID			
Date of birth			
Street			
Zip code, City			
Telephone			
E-Mail			
Suggested internship supervisor at HTW Berlin			
Internship semester: summer/winter _____	Study semester:	Study programme:	
Title of internship-related courses:			
<b>I certify that I have completed all modules/ECTS required to undertake an internship as stipulated by the relevant governing internship guidelines.</b>			
The following modules still have to be passed/completed:			
This application is subject to exceptional approval.		Yes	No
_____ Date, Signature Student			

**To be completed by company**

**Internship location details**

Internship location (name of company/ institution)		
Street		
Zip code, City		
Country		
Contact person at internship location	Surname:	
	First name:	
	Telephone:	
	E-Mail:	
Internship duration as stated in the internship contract	Working days:	
	Start/From:	End/To:
Area of work or department:		
Fields of activity of student:		

**Attestation of HTW Berlin, University of Applied Sciences**

**HTW Berlin herewith agree that according to the valid study regulations of the study programme \_\_\_\_\_ the above mentioned internship is accepted and compulsory.**

The compulsory minimum duration is \_\_\_\_ working days continuously as full time.

Internship co-ordinator of study programme	
	Date, Signature, Stamp

**Attestation of the internship company/institution**

**Mr./Ms./Mrs. \_\_\_\_\_ has successfully finished the internship according to the above mentioned regulations. All requirements have been fulfilled.**

Internship company/institution	
	Date, Signature, Stamp

**Confirmation of successful accomplishment of the internship  
(Please send the original to the examination office!)**

The internship assessment of the company and the internship report of the student have been submitted to me and were conform to the general internship requirements according to the **Praxisordnung – PraxO**

Internship co-ordinator of the study programme/ Internship supervisor	
	Date, Signature, Stamp