Application for authorization of Industrial Internship
for engineering study courses (at least 45 days of internship)

First name and last name of the student: ____________________________________________

Student ID: _______________ Bachelor ( ) Study course: ______________________________
               Master ( )

Subject of internship: ____________________________________________________________

Schedule (at least 45 working days): 1. period from ______ till ________
(entsprechend dem Praktikumsvertrag) 2. period from ______ till ________
(if applicable)

Company name: ________________________________________________________________

Address: ________________________

Title and name of supervisor in company: __________________________________________

By signing below, the supervisor agrees with the attached working plan.

Signature of supervisor: _______________________________________________________

Title and name of the supervising professor: _______________________________________

By signing below, the supervising professor agrees with the attached working plan.

Signature of professor: _______________________________________________________

*Contract of internship and working plan are attached to this application.*

Signature of applying student: ___________________________________________________

*To be completed by the Office of Internships:*

The present application with the attached contract and working plan is

( ) authorized

( ) not authorized. Reason: ______________________________________________________

Date, signature -Director of the Office for Internships- stamp