

Confirmation of successful completed Industrial Internship for engineering study courses (at least 45 days of internship)

First name and	last name of the stude	nt:	
Student ID: _		Bachelor (Master () Study course:)
Subject of interr	ship:		
Following docu		to this confi	mation or already submitted to the Internship
•	submission of a co working plan confirmation of the short report	-	signed copy of this form
To be complete	d by the Office for Inte	rnships:	
Faculty fo	or Engineering and Co	omputer Scie	nce, Field of Engineering, Office for Internships
Mr/Mrs:			
Student ID:		Study cou	urse:
completed 9 wee	eks (45 working days) o	of a	
	:	voluntary Ind	ustrial Internship
			delines of Industrial Internships for students in engineering Internship accounts for a granting of 9 credit points.
	Date		Stamp/ signature