

Confirmation of Internship

for the Practical Working Semester at the
Stuttgart Media University



- Please fill in **completely** -

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(1) To be filled in by the Student

Surname, First Name : _____ Matriculation No.: _____

Email: _____@hdm-stuttgart.de Study Course: _____

(2) To be filled in by the Company

Company Department: _____

Name: _____

Address: _____

Website: _____

Herewith we confirm that the student completed a practical working semester in our company:

From _____ To _____ Absentee, Sick & Vacations Days in Total: _____

During this time, he/she was able to obtain practical experience in the following departments:

We agree that the contact details (name, email, phone number) of the internship company will be published on the HdM intranet. This makes it easier for students to find a job in subsequent semesters.

Please Check: Yes No

Date, Place

Signature, Official Stamp

(3) To be Filled In by the Internship Manager of the Study Course

- The practical internship is approved; all required documentation has been submitted.
- The practical internship is NOT approved.

Remarks:

Date, Place

Signature - Internship Manager HdM