

Registration for internship for Master's thesis Anmeldung für das Praktikum zur Masterarbeit

Please hand in this form to the examiners office **BEFORE** beginning your internship!

Family name:..... Given names:

Registration number:..... Date of birth:

1. Registration

Name of company:

Address of company:

Department:

Beginning / End of Internship:/.....

My contact information during internship:

Phone (daytime): E-Mail:

Name of supervising person of internship at the company:

Phone: E-Mail:

Name of supervising person of internship at HS:

.....
Date, Signature of supervisor at HS

.....
Date, Signature Student

.....
Date, Signature, examination office

Please hand in this form with the original contract of the company (and a copy of it) to the examination office at latest one week prior to beginning of your internship. (Original registration form and copy of contract remain in examination office)

2. Recognition of internship for Master's Thesis

Date of lecture :

Internship report was presented and accepted:.....

Date, Signature of supervisor at HS

Confirmation of presentation was handed in to the examination office:

Date, Signature, examination office