

Application for internship to accompany course of study

To be completed by student

Surname			
First name			
Student ID			
Date of Birth			
Street/Appt. No.			
Zip Code, City			
Telephone			
E-mail			
Suggested internship supervisor at the HTW			
Internship Semester:	SS/WS	Study Semester:	Study Programme:
The internship relates to the following courses:			
I certify that I have attained all courses/ETCS required to undertake an internship as stipulated by the relevant governing internship guidelines.			
A current Transcript of Records is enclosed to this application.			
This application is subject to exceptional circumstance		Yes	No
_____ Date / Signature Student			

Practical Semester

To be completed by Student - Internship Location Details

Internship Location (Name of Company/Institution)			
Street			
ZIP Code, CITY			
COUNTRY			
Contact person at the internship location	Surname:		
	First Name		
Contact: ☎			
Contact: ✉ (E-Mail)			
Internship duration as stated in the internship contract	Working Days:		Weeks:
	Start/From		End/To
Area of Work / Department:			
Workfield of Intern (Student):			

Attestation of HTW, University of Applied Sciences	
<p>HTW Berlin herewith agrees that according to the valid Study Regulations (09/15) of the Study programme BIB the above mentioned Internship is accepted and is compulsory. The compulsory duration is 19 weeks continuously as full time.</p>	
Internship Co-ordinator of the Study Programme	
	Date/Signature /Stamp
Attestation of the Internship Company/Institution	
<p>Mr./Ms./Mrs. _____ has successfully finished the internship according to the above mentioned regulations. All requirements have been fulfilled.</p>	
Attestation of the Internship Company/Institution Date/Signature/Stamp	

Confirmation of successful accomplishment of the internship - internal use only

<p>The Internship Assessment of the Company and the Internship Report of the Student has been submitted to me and was conform to the general Internship Requirements according to the Praxisordnung – PraxO</p>	
Internship Co-ordinator of the Study Programme / Internship Supervisor	
	Date/Signature/Stamp