

Application for internship to accompany course of study**To be completed by student**

Surname					
First name					
Student ID					
Date of birth					
Street					
Zip code, City					
Telephone					
E-Mail					
Suggested internship supervisor at HTW Berlin					
Internship semester: summer/winter _____	Study semester:	Study programme:			
Title of internship-related courses:					
I certify that I have completed all modules/ECTS required to undertake an internship as stipulated by the relevant governing internship guidelines.					
The following modules still have to be passed/completed:					
This application is subject to exceptional approval.		Yes	☒	No	☐
I certify that any home office arrangement of my internship to accompany course of study does not exceed 20 %. I am aware that an internship to accompany course of study with a home office arrangement exceeding 20% does not comply with § 1 Section 2 of the relevant governing internship guideline which provides that the objectives of the internship are a close relationship between studies and professional practice and allowing students to become acquainted with the professional reality.					
_____ Date, Signature Student					

To be completed by company**Internship location details**

Internship location (name of company/ institution)		
Street		
Zip code, City		
Country		
Contact person at internship location	Surname:	
	First name:	
	Telephone:	
	E-Mail:	
Internship duration as stated in the internship contract	Working days:	
	Start/From:	End/To:
Area of work or department:		
Fields of activity of student:		

Attestation of HTW Berlin, University of Applied Sciences

HTW Berlin herewith agree that according to the valid study regulations of the study programme _____ the above mentioned internship is accepted and compulsory.

The compulsory minimum duration is ____ working days continuously as full time.

Internship co-ordinator of study programme	
	Date, Signature, Stamp

Attestation of the internship company/institution

**Mr./Ms./Mrs. _____ has successfully finished the internship according to the above mentioned regulations.
All requirements have been fulfilled.**

Internship company/institution	
	Date, Signature, Stamp

Confirmation of successful accomplishment of the internship

(Please send the original to the examination office!)

The internship assessment of the company and the internship report of the student have been submitted to me and were conform to the general internship requirements according to the **Praxisordnung – PraxO**

Internship co-ordinator of the study programme/ Internship supervisor	
	Date, Signature, Stamp