

Confirmation of work placement

(in accordance with Section 9, Paragraph 3, Module 10 of the Bachelor's degree programme Media and Communications Science)

Student:

Matriculation number:

Name:

Telephone: Email:

Work placement

Semester no

in the professional field*: Media and communications science Media and communications consultancy
 Media development Organisational communication

Planned reflection in the area of study** M 7 M 8 WS M 9 M 11 M 12 M 13

Company/institution:

Address:

Duration (8 weeks, corresponds to 300 hours):

Field of activity:

Contact person:

Telephone: Email:

Confirmation of the completed work placement (appropriate employment and duration) by the relevant institution:

Date Signature

In the event that the field of activity and therefore the programme in which the work placement should be reflected on has changed, a written explanatory statement should be included.

Approval for reflection on the work placement:

Date

MC Programme Director

*Description of the professional fields cf. Curriculum Section 1.

**The work placement can be reflected on in writing in the seminars of the modules stated or in the workshop in module 9. Cf. Curriculum Section 9, Paragraph 3, Module 10