

CONFIRMATION OF THE COMPULSORY INTERNSHIP - MARKETING AND INTERNATIONAL MANAGEMENT

Master Applied Business Administration (12W) L 066 918

for the
WS/SS 20..../....

1. Information about the student

First and last name:

Matr.-Nr.:

E-mail address:

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Signature of the student

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Place, date

2. Details of the placement provider

It is confirmed that Mrs./Mr.
has completed the compulsory internship of 16 weeks in our company.

Company:

Address:

Tel.-nr.:

Contact person (if available):

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Internship provider confirmation

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Place, date