

# CONFIRMATION OF THE COMPULSORY INTERNSHIP - MARKETING AND INTERNATIONAL MANAGEMENT

Master Business Administration (22W) L 066 918

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

## 1. Information about the student

First and last name: .....

Matr.-Nr.: .....

E-mail address: .....

.....

*Signature of the student*

.....

*Place, date*

## 2. Details of the placement provider

It is confirmed that Mrs./Mr. ....  
has completed the compulsory internship of 8 weeks or at least 275 working hours in our  
company.

Company: .....

Address: .....

Tel.-nr.: .....

Contact person (if available): .....

.....

*Internship provider confirmation*

.....

*Place, date*