

REGISTRATION FOR 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.:

Study code:

Tel.-nr.:

E-mail address:

(Planned) start date and (planned) date of closure of the
practice. (Covers a period of 2 months in total, at least 30 hours per week or at least 275
working hours.)

2. Details of the placement provider

Company:

Address:

Tel.-nr.:

Contact person (if available):

3. Project object

(Brief description of the project or activities to be carried out.)

.....
.....
.....
.....

.....

Signature of the student

.....

Place, date

.....

Internship provider confirmation

.....

Place, date