

Internship certificate

first and last name

born

in

VVE T ÈRRR

birthplace

registered at Dresden University of Applied Studies (HTW Dresden)

study programme

matriculation numberÁ

study groupÁ

has from

until

VVE T ÈRRR

VVE T ÈRRR

at

name of the company / organization

in the following departement/working group

completed the internship

* explanatory statement:

Number of leave days
during the first 12 weeks,
which are considered
mandatory internship:

thereof due to
incapacity for work:

place, date

signatur of the assigned representative of
the company and company stamp

Please send one filled out copy of this internship certificate together with your
internship report to your chosen HTWD Advisor after completing your internship.