Faculty of Business Administration
Specialist Mentoring Teacher

HTWD Hochschule für Technik und Wirtschaft Dresden
University of Applied Sciences

Internship certificate

*

first and last name

born **in**

TT.MM.JJJJ birthplace

registered at Dresden University of Applied Studies (HTW Dresden)

study programme

matriculation number study group

has from **until**

TT.MM.JJJJ TT.MM.JJJJ

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 specialist mentoring teacher after completing your internship.