

INTERNSHIP CERTIFICATE

Mr. /Ms
(First and last name)

Born on in

Student at the Deggendorf Institute of Technology in _____
Name of course

completed their internship as follows:

Company:
(Name of the company, authority, institution)

Address:

Contact person, phone, and e-mail:

Department, content, length:

Department, content, length:

Department, content, length:

Remarks by the company

The student fulfilled all criteria demanded in the training plan.

Days of absence: sick days:
(Without lecture and exam dates)

Other absences (reasons):

Place, date

Signature and stamp of the company representative responsible for trainees