

COVER SHEET internship report

To be filled in by student!

Student:

name

start of studies

address

matriculation number

date of birth

current semester

email

phone

course of study

Company:

name / company / department

address

email

phone

Duration:

from _____ to _____ (= _____ weeks)

I hereby declare, that I completed the report myself and included any source used herein. This internship has not already been recognized for the achievement of another degree.

place, date

signature student

To be filled in by internship company!

Duration of the internship: _____ to _____

Absence (days off work): _____

The internship was completed **successfully**.

place, date

signature company