



CERTIFICATE OF INTERNSHIP

(In accordance with the subject-specific examination regulations 2016 for the Bachelor's degree programs "BWL" or "WIWI" (full subject) and in accordance with the valid internship regulations)

for submission to the internship supervisor,
as an attachment to the internship report

Name, First Name

Study Program

Matriculation number

E-Mail

the time from

until

worked in our company/institution as an intern in accordance with the internship regulations of the University of Bremen for the voluntary internship of at least 5 weeks (full-time):

Industry

Description of tasks

Total amount of weeks

Hours worked/week

Notes

Contact Person

Name of company/institution

Address of company/institution

City, Country, Date

Stamp/Seal and Signature