

Name/address of placement institution

Internship Certification
for the University of Bremen

Mr./Ms. _____ Matriculation No. _____

completed an internship as per internship contract (min. 240 hours)

from _____ until _____

During the internship he/she has performed the following duties:

Days absent from the internship: _____ weeks _____ days

sick days: _____, other days absent _____

.....

(date, signature of placement institution)

To be completed by the University Faculty:

The student instudies in the program

.....

submitted an internship report according to the regulations. This certifies that the student has successfully completed the internship according to the regulations.

Seal

Bremen,

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(Signature of responsible professor)