

Work placement report

about the work placement semester / the basic internship*
in the summer- / winter semester* 20...../ 20.....

*Please cancel not applicables, thank you

Name, first name:

Course of studies, semester:

Training company:

Street:

Post/zip code, location:

1 Duration of the internship from.....to..... = weeks

from.....to..... = weeks

from.....to..... = weeks

2 Interruptions (illness, company holidays and so on)

from.....to..... reason:.....

from.....to..... reason:.....

from.....to..... reason:.....

from.....to..... reason:.....

The training company confirms the statements of the work placement report.

.....,

.....
(Signature of the Practical Training Supervisor)

.....
(Company stamp)

The internship report is handled confidentially by the Technical University of Ingolstadt and only forwarded to the responsible professor for the internship semester for consideration and approval.