

Confirmation of Compulsory Internship

Name: _____ Student ID No.: _____
Internship from _____ to _____ working days (based on fulltime): _____
Company: _____ VAT ID Number: _____
Address: _____
Tasks performed (only key words)
We certify this information to be correct:
Date, Signature, Company's stamp:

Application for approval of (please tick applicable boxes)

Compulsory Internship Part 1 Part 2 Part 3 Part 4

Mainly carried out in Austria abroad

Study program: _____

Focus of internship (if applicable): _____

Date: _____ Student's signature: _____

This confirmation must be handed in to the Program Director together with a signed activity report (see information on the following pages).

Approval of relevant Internship of _____ ECTS.
Carried forward working days (if applicable): _____
Date: _____ Program Director: _____