

## Certificate of employment for an internship

Name, firstname: \_\_\_\_\_

Course of studies: \_\_\_\_\_

Matriculation number: \_\_\_\_\_

<b>Period of employment</b>	
<b>from:</b>	<b>to:</b>
<b>Hours worked per week:</b>	
<b>Days of sickness:</b>	
<b>Days of holiday:</b>	
<b>Short description of the contents of his/her internship:</b>	

Company:

Student:

\_\_\_\_\_

place/date

\_\_\_\_\_

place/date

\_\_\_\_\_

signature/stamp

\_\_\_\_\_

signature

**Please bring the signed document back to the supervising professor.**

**Note: Pease fill out the document digitally.**