

## Confirmation of practical training (Cover of the report)

for the practical semester in SoSe / WiSe \_\_\_\_\_

Name \_\_\_\_\_

Matr.-Nr. \_\_\_\_\_ E-Mail: \_\_\_\_\_ @th-nuernberg.de

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

Deputy/TH Nürnberg \_\_\_\_\_

Practical training establishment \_\_\_\_\_

Address \_\_\_\_\_

Deputy/Practical training \_\_\_\_\_

E-Mail / phone \_\_\_\_\_

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_\_ weeks)

Times absent from work \_\_\_\_\_ days/weeks

Arguments: \_\_\_\_\_

### Report accepted by practical training establishment

\_\_\_\_\_  
Date seal/signature

### Report accepted by Technische Hochschule Nürnberg Georg Simon Ohm:

\_\_\_\_\_  
Date signature (Deputy TH Nürnberg)