

CERTIFICATE

It was certified to

Mr./Mrs.: _____

born on: _____ in: _____

Student of the Technische Hochschule Nürnberg Georg Simon Ohm

Course of studies: _____ Matrikel-Nr.: _____

from: _____ to: _____ = _____ weeks
time of practical training

_____ address of practical training establishment

_____ department

that the practical training of the practical semester was performed by

with success / no success*

*arguments: _____

Times absent form work _____ weeks / _____ days*.

*arguments: _____

_____ Place/date

_____ seal and signature
practical training establishment