

Student Office

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)