

Registration form

Internship position for the practical study semester in the degree course IN/MIN/WIN

A new internship position will be available from _____ to _____ (date)

for the intern (name) _____

with the student registration number _____ Course of studies / major _____

This internship position will be included in the list: ☐ yes or ☐ no

Company name and exact mailing address:

E-Mail: _____ Tel./Fax: _____

If the internship is (partly) taking place at other locations (branches etc) of the company please indicate their exact mailing address:

E-Mail _____ Tel./Fax: _____

Product range and / or business activities of the company:

Total number of full-time employees: _____

Thereof are dealing with IT tasks: _____

The student shall be assigned to the following department(s):

1. _____

2. _____

3. _____

During the internship the student will be under supervision of:

Mr / Mrs: _____

Function / Position: _____

Education / degree as: _____

Place Date Signature

Approval through the University:

The internship position is approved: ☐ for the practical semester (Bachelor)

☐ Others (please specify)

Nuremberg, _____
Signature