

Eingangsstempel – Dezernat 3 / International Office				

Confirmation of host organisation for internship (PROMOS)

1. Details of the company/ host organisation			
Name of the company/ organisation			
Department			
Address			
Postal code			
City/Country			
Website			
Number of employees			
Name of supervisor			
E-mail			
Phone			
2. Details of the student			
Name of the student			
Date of birth			
Subject(s) of study	1. 2.		
Course of studies	B.A. B.Sc. Staatsexamen (Medicine) M.A. M.Sc. M.Ed. Sonstige/other:		
3. Details of the internship/ practical training			
Period of the internship	Start: End:		
Please note: The placement must weeks!	pe at least 6		
Number of working days/working	hours per day Days: Hours:		
Please note: A full-time position is Working hours may not exceed 40 week!			
Payment/ other benefits provided organisation (e.g. accommodation transport)			

4. Please give a detailed description of the work to be carried out during the internship/ practical training				
The following description is to ensure the high quality of the internship/practical training in your company/organisation. Please provide detailed information on the programme, specific tasks/projects, supervision and training objectives which are relevant during the internship.				
Knowledge, skills and competences to be acquired by the end of the internship				
Detailed programme of the training period (e.g. timetable of the internship, areas/fields the student will work in)				
Tasks of the trainee (daily tasks, project work)				
Monitoring and evaluation (e.g. preparatory meeting with the supervisor, weekly meetings, mid-term evaluation)				
5. Declaration				
The student will get a signed confirmation and/or a letter of reference by the end of the internship/practical training.				
Place, Date	Signature of supervisor	Stamp		