

## Confirmation of Compulsory Internship

Name: _____ Student ID No.: _____
Internship from _____ to _____ working days (based on fulltime): _____
Company: _____ VAT ID Number: _____
Address: _____
Tasks performed (only key words)
We certify this information to be correct:
Date, Signature, Company's stamp:

### Application for approval of (please tick applicable boxes)

Compulsory Internship                      Part 1              Part 2              Part 3              Part 4

Mainly carried out                      in Austria                      abroad

Study program: \_\_\_\_\_

Focus of internship (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Student's signature: \_\_\_\_\_

**This confirmation must be handed in to the Program Director together with a signed activity report (see information on the following pages).**

Approval of relevant Internship of _____ ECTS.
Carried forward working days (if applicable): _____
Date: _____ Program Director: _____