

## Confirmation of Compulsory Internship MA

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

Mainly carried out \_\_\_\_\_ in Austria \_\_\_\_\_ abroad

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).**

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