Dresden University of Technology

Faculty of Mechanical Science and Engineering/Dean's Office/Internship Office

CERTIFICATION OF PRACTICE-ORIENTED ACTIVITY FOR THE MODULE INTERNSHIP
(for submission to the Internship Office)

Title -	Surname	First names
Date of birth	Matriculation year	
Course of studies - Please select -		
Disciplines - Please select -		

completed an internship to certificate the practice-oriented activity for the module Internship.

Beginning on up to in the scope of weeks.

Days absent during the period of employment:

Place / Date	Firm stamp / Signature

Editing Note by the Internship Office

Comment: ----------

Verified on:	Signature Internship Office
	TU Dresden Faculty of Mechanical Science and Engineering Internship Office

Please submit this certificate after completion of the internship to the Internship Office of the Faculty of Mechanical Science and Engineering **as original.**

Please fill out the application form completely.