

## **Disclaimer**

This document is a courtesy translation provided for your convenience. Please note that the original form must be opened and completed in the **German language**.

Only the **German version** is legally binding.

## Recognition of the Supervised Work Placement/Practical Phase

Information about the student	
Name, first name	
Student ID	
degree programme	
Duration of the internship	From To
Internship supervisor at Brandenburg University of Applied Sciences	
Details of the internship company	
Name of the company	
Name of supervisor	
Full address of the company	
Only to be completed for work placements abroad	
Country	
Type of programme	☐ EU programme* ☐ Funding from other public sources** No
	fundingFunding from non-public sources
	(* e.g. Erasmus+, ** e.g. Auslands-BAföG, PROMOS, DAAD scholarships, foundations)
During the career-oriented activity, the following specialist task was completed:	
<u>Task</u>	
· ·	
Confirmation from the internship supervisor at Brandenburg University of Applied Sciences	
The professional activity carried out corresponded to the objectives of the practical study semester. The internship certificate confirms that the assigned tasks have been completed.  Submission of the activity report	
Date	Signature of the internship supervisor