Confirmation

Place, date, seal			Signature of the person in charge			
The report appropriately cov	ers the content	t of the i	nternship:	Yes □	No	
A final report was submitted	to us:			Yes □	No	
Other:						
Illness:						
Vacation:						
The student was absent on t	the following nu	ımber of	days due to):		
from:		to:				
duly completed an internship						
·						
at the Department of Busine						
_	imaon 2001 (un	-		·		
Student at the Hochschule E	- - - - - - - - - - - - - - - - - - -					_
Enrolment no.:						
We confirm that Ms/Mr:						_
Place of work:						
Person in charge:						
Department/Area:						
Address:						
of the company offering the internship:						
of the company offering						