

APPLICATION INTERNSHIP

EXAMINATION OFFICE

TO BE FILLED OUT
BY THE STUDENT

Last name

First name

Student ID number

HAW Hamburg email address

Degree program

intends to complete their internship at the following company:

Company name

Contact person

Email address of the contact person

from

Date dd-mm-yy

until

Date dd-mm-yy

Supervision by HAW Hamburg will be provided by:

Supervising HAW Hamburg lecturer

TO BE FILLED OUT BY THE
EMI ACADEMIC OFFICE

The EMI Academic Office confirms that all pre-conditions have been met:

- Successful completion of the first year of study or exception granted by the Head of the Examination Board
- Company is verified
- Internship agreement of the company received

Approval granted to conduct the internship:

Date

Signature

TO BE FILLED OUT BY THE
SUPERVISING LECTURER

The supervising lecturer confirms that the student successfully completed the exam according to the examination regulations (e.g. colloquium, term paper).

Date

Signature