

Application for the completion of the professional internship

Please submit to internship-ma@asa.cit.tum.de approx. 4 weeks before the start of the professional internship

(to be completed by the student)

Matriculation number:	Last name, First name:	Date, Signature:
Name of programme:		

(to be completed by the supervising company/institution in which the professional internship is to be carried out)

I/we hereby confirm that the above-mentioned student can complete his/her professional internship in our company/institution, performing an activity that meets the following criteria:

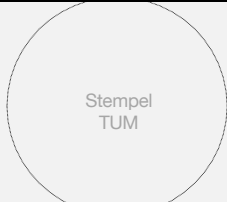
- the student gets an insight into the work of a mathematician
- he/she is given tasks appropriate to the course of study - e.g. planning and conceptual tasks
- the activity is related to the above-mentioned mathematics degree programme

Detailed job description:

Period: From:		Until:	Weekly working hours:: Hours	
Name of supervising company/institution:		Name of supervisor:		
Signature of company/institution and/or supervisor: Date (dd/mm/yyyy):				

This section is filled in by the person responsible for the course.

The planned work complies with the guidelines for the professional internship in the mathematics degree programmes and can be recognised as a academic achievement, provided that all formal requirements are met.

Signature of the person responsible for module:	
Date:	