

## Application for the completion of the professional internship

Please submit to [internship.ma@cit.tum.de](mailto:internship.ma@cit.tum.de) approx. 4 weeks before the start of the professional internship

*(to be completed by the student)*

Registration 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:**

<b>Period:</b> From:	Until:	<b>Weekly working hours:</b> Hours	
<b>Name of supervising company/institution:</b>		<b>Name of supervisor:</b>	
<b>Signature of company/institution and/or supervisor:</b> 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:	<div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">             Stempel TUM           </div>
Date:	