Technical University Munich
School of Computation, Information and Technology (CIT)
Department of Mathematics
Professional Internship
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TUM

Confirmation of the successfully completed professional internship
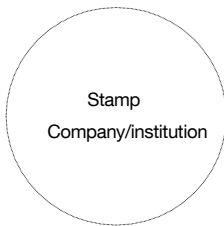
(to be completed by the student)

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

I hereby decline that my report is made available in the password-protected area in moodle for the information of other students.

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

I/we hereby confirm that the above-mentioned student has successfully completed his/her professional internship in our company/institution:

Detailed job description:

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

Please send this form together with the report to internship.ma@cit.tum.de!

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

I hereby confirm that I recognise the above-mentioned activity as academic achievement within the framework of the professional internship

        4 weeks full-time (only Bachelor or Master without Master Data Science)

        6 weeks full-time (Master Data Science)

        8 weeks full-time (Bachelor + Master without Master Data Science)

        10 weeks full-time (Bachelor + Master Data Science)

Date of receipt of report/date of examination *(dd/mm/yyyy)*:	**Signature of the person responsible for module:** Date *(dd/mm/yyyy)*: