

Confirmation of the successfully completed professional internship

(to be completed by the student)

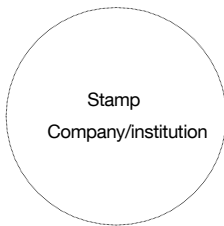
Matriculation number:	Last name, First name:	Date, Signature:
Name of programme:		

I hereby declare 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:		
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@asa.cit.tum.de !

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

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):
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