

## Notification of internship semester and internship report

### Personal details:

Name	
First name	
Date of birth	
Student number	
Degree course	
Email	

I hereby notify you of my internship at the following employer and confirm that an internship contract has been signed by both parties:

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Name, address of employer

**The following title will be worked on during the internship semester and is hereby registered bindingly for the internship report:**

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The internship report is supervised by the following persons:

	<b>Academic supervisor at NBS</b>	<b>Company supervisor</b>
Name, First name (block letters)		
Date/ Signature		

The signatures confirm each supervisor.

### Hinweis:

If the module „Internship“ has been recognised by the NBS, the employer and operational supervisor do not have to be named. The subject of the internship report is coordinated with the academic supervisor at the NBS instead.

Internship regulations of the NBS University of Applied Sciences apply.

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Place/date

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Signature of the student