Universität Konstanz
Sportwissenschaft
FB Geschichte und Soziologie

CERTIFICATE OF COMPLETION

Name_____ Surname_____

Matnb. _____ Date of birth _____Place of birth_____

INTERNSHIP COMPLETED IN:

Name of occupier_____ Location_____

Internship completed over a period of ____ weeks (Start: _____ End: _____)

Area of internship (e.g. Biomechanics) – Field of action (e.g. Lab assistant):

_____

The internship was successfully completed by above mentioned student:

Signature of head of institution/company _____

Declaration of agreement: The internship report can be passed on to other students (for information purposes only) yes □ no □

Contact person_____

The internship report was handed in by above mentioned student and was accepted.

Universität Konstanz: Signature of student adviser_____

I agree that my contact details and my internship report can be passed on to other students (signature of student).

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