University of Leipzig, Faculty of Mathematics and Computer Science

To the Committee of Degree Affairs
Dept. of Computer Science

Registration of an internship
in accordance with § 16 of the study guidelines and § 30 of the examination regulations of the degree program of Computer Science
Minimum total work load 560 hours (16 weeks x 5 d x 7 h)

Name: ................................  First Name: ..................................
Matr.-No.: ...........................

The company / enterprise / institution
..............................................................................................................
grants me the possibility of completing an internship.
Intended activity / task of work (if necessary attach separate sheet):
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..............................................................................................................
..............................................................................................................

Duration:  From: ……………………   to: ……………………
The support of the trainee and a final evaluation will be provided.
The responsible person on the part of the company / enterprise is:
..............................................................................................................

Representative of the enterprise
(Date, signature, stamp)

Authorization notice of the committee of degree affairs:
The intended activity is considered a valid internship in the sense of the examination regulations of the degree program of Computer Science: approved - not approved

Chairman of the committee
Date

After the conclusion of the internship, a report (ca. 2 pages) has to be handed in along with the confirmation.

Signature of student / date:  ..............................................................................................................