

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):

.....
.....
.....

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: