

Attachment B of the Praktikumsordnung („NBS internship regulations) from 26.04.2017
Valid for Management Soziale Arbeit

Notification of internship semester

Personal details:

Name	
First name	
Date of birth	
Student number	
Degree course	
Email address	

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

Name, address of employer

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

The internship report is supervised by the following persons:

	Academic supervisor at NBS	Company supervisor
Name, First name		
Datum/ Signature		

The signatures confirm each supervisor.

Following attachments have to be added to this notification:

- Proof of the certification of the employer according to § 2 (2) of the NBS internship regulations of the study program „Management Soziale Arbeit“ (B.A.)
- Documents of the operational supervisor according to § 3 (1) of the NBS internship regulations of the study program „Management Soziale Arbeit“ (B.A.)

Place/birth

Signature of the student