

NBS Northern Business School
 Zentrale Prüfungsabteilung
 Wandsbeker Marktstr. 103-107
 22041 Hamburg
 Germany

Certification of Internship

Family name	
Given name	
Date of birth	
Place of birth	
Matriculation number	

The person above has completed a mandatory internship

in the period from: _____
 to: _____

in our company:

Name, address of the internship institution (company stamp)

With this we confirm the following information concerning the mandatory internship:

Contractually agreed working hours	
Sick leave/absence (in hours)	
Leave days (in hours)	
Total hours worked	

(Note: Under § 1(2) "internship regulations" (December 16, 2016) an internship duration of 600 hours has to be proved so that the internship can be assessed as "passed".)

Place/date

NBS Northern Business School
 Staatlich anerkannte Hochschule für Management und Sicherheit
 in privater Trägerschaft der NBS Northern Business School gGmbH
 Holstenhofweg 62 | D-22043 Hamburg

Signature/company stamp

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 Internet: www.nbs.de

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 Amtsgericht Hamburg HRB 102392 | Steuernummer 17/420/13851
 Kto.-Nr. 1261 2028 55 | BLZ 200 505 50 | Hamburger Sparkasse
 BIC HASPDEHHXXX | IBAN DE11 2005 0550 1261 2028 55