

Attachment B of the Praktikumsordnung (NBS internship regulations) from 16.12.2016

Valid for Business Administration and Security Management

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 (block letters)		
Date/ Signature		

The signatures confirm each supervisor.

Note:

If the module „Internship“ has been recognised by the NBS, the employer and operational supervisor do not have to be named. The subject of the internship report is coordinated with the academic supervisor at the NBS instead.

Internship regulations of the NBS University of Applied Sciences apply.

Place/date

Signature of the student