

Name of company / institution / organization:

Postcode City:

Street, No

Telephone

Contact person

**Confirmation for submission to Landshut University of Applied Sciences**

Last name, first name:

Date of birth:

has completed an internship at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ in our company / institution

- The employment was full-time with the usual working hours. Die The
- employment was part-time with hours \_\_\_\_\_ per week.

He/she was employed in the following areas of activity\*:

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Date

Signature

\* Please do not specify individual work processes, but areas of work.  
i.e. not: "Posting invoices", but: "Bookkeeping"