Faculty of Automotive Engineering Registration of Internship



Surname:		First name:	
Student enrollment No.:			Course of studies: ASTP-Master
Road:			
ZIP, City:		Date of birth:	
Telephone:		E-Mail:	@ostfalia.de
I declare the following process of internship:			
Internship period (≥18 weeks)	From		_to
Place of employment:			
(Exact address and phone)			
Supervisor at	Name:		
internship position			
Place and date			Signature of student
Supervising lecturer at Ostfal	ia <sup>1).</sup>		
			Name of Supervisor
			Name of Supervisor
Place and date			Signature of Supervisor

1) As the examiner, the supervisor at Ostfalia is in charge of the compliance of the intership position with the conditions specified in the training program framework, too.

Please, submit the filled in in registration and a copy of the employment contract (upon receipt) to the SSB before leaving for internship.