



## Certificate for successful completion of an internship

for the Bachelor course of studies in Health Science

I declare that the student

.....

Name

Student number

Start of program

has successfully and regularly completed his/her internship at our institution. The internship has fulfilled all requirements of TU München.

Duration of the internship: ..... to ..... = ..... weeks (a min. of 6)

Activities during the internship:

.....  
.....  
.....  
.....  
.....  
.....  
.....

Name of internship supervisor

Signature of the supervisor

.....

Stamp and address of the internship institution

I declare that I have completed the internship successfully and regularly as described above. All information correspond to the actual course of the internship.

.....

Name

Student number

Signature of the student

☐ Approval by the Department

.....

Signature of the Internship Office of the Department