



**CERTIFICATION OF PRACTICE-ORIENTED ACTIVITY
FOR THE MODULE INTERNSHIP**
(for submission to the Internship Office)



Title	Surname	First names
Date of birth	Matriculation year	
Course of studies		
Disciplines		

completed an internship to certificate the practice-oriented activity for the module Internship.

Beginning on up to in the scope of weeks.

Days absent during the period of employment:

Place / Date	Firm stamp / Signature
--------------	------------------------

Editing Note by the Internship Office

Comment: -----

Verified on:	Signature Internship Office
--------------	-----------------------------

TU Dresden
Faculty of Mechanical Science and Engineering
Internship Office

Please submit this certificate after completion of the internship to the Internship Office of the Faculty of Mechanical Science and Engineering **as original**.

Please fill out the application form completely.