

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 internship position Name: \_\_\_\_\_  
phone.: \_\_\_\_\_

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature of student

Supervising lecturer at Ostfalia<sup>1)</sup>: \_\_\_\_\_  
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.