

## Notification of internship semester

### Personal details:

Name	
First name	
Date of birth	
Student number	
Degree course	
Email address	

I hereby notify you of my internship at the following employer and confirm that an internship contract has been signed by both parties:

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Name, address of employer

**The following title will be worked on during the internship semester and is hereby registered bindingly for the internship report:**

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The internship report is supervised by the following persons:

	<b>Academic supervisor at NBS</b>	<b>Company supervisor</b>
Name, First name		
Datum/ Signature		

The signatures confirm each supervisor.

Following attachments have to be added to this notification:

- Proof of the certification of the employer according to § 2 (2) of the NBS internship regulations of the study program „ Soziale Arbeit“ (B.A.)
- Documents of the operational supervisor according to § 3 (1) of the NBS internship regulations of the study program „ Soziale Arbeit“ (B.A.)

Place/birth

Signature of the student