

NBS Northern Business School
 Zentrale Prüfungsabteilung
 Wandsbeker Marktstr. 103-107
 22041 Hamburg
 Germany

Certification of Internship

| | |
|----------------------|--|
| Family name | |
| Given name | |
| Date of birth | |
| Place of birth | |
| Matriculation number | |

The person above has completed a mandatory internship

in the period from: _____
 to: _____

in our company:

Name, address of the internship institution (company stamp)

With this we confirm the following information concerning the mandatory internship:

| | |
|------------------------------------|--|
| Contractually agreed working hours | |
| Sick leave/absence (in hours) | |
| Leave days (in hours) | |
| Total hours worked | |

(Note: Under § 1(2) "internship regulations" (December 16, 2016) an internship duration of 600 hours has to be proved so that the internship can be assessed as "passed".)

 Place/date

 Signature/company stamp