

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

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