



Contract Agreement for Practical Training Semester

Between **company/institution/institution** of the Practical Training Semester

Address:

Telephone:

- *subsequently called company* -

and **Mr./Ms.**

(Student's First and Last Name)

- *subsequently called student* -

born on

in

the following contractual agreement is concluded for a Practical Training Semester as required for study at

§ 1

Duration of the Practical Training Semester

The Practical Training Semester shall last a period of 20 continuous weeks
from _____ to _____

§ 2

Duties of the Company

1. The company contracts to support the student throughout the Practical Training Semester, offering the student suitable professional opportunities to gain experience and skills through operational and engineering tasks to complete for the company.
2. The student shall receive a written certificate indicating the dates for the training period, any absent days, and an assessment from the company as to whether the training was completed **successfully** or **unsuccessfully** (see attachment "Certificate"). A testimonial can be issued upon request by the student.
3. The company agrees to pay the student EURO _____

§ 3 Duties of the Student

The student contracts to:

1. accept all opportunities offered to him by the company with the aim of acquiring experience, skills and knowledge,
2. follow all company rules and all instructions from the designated supervisor in charge,
3. observe all regulations for safety and accident prevention, and to handle all tools, machines, devices and materials carefully,
4. adhere to the company's hours of operation,
5. serve the interests of the company and maintain complete confidentiality and nondisclosure requirements,
6. notify the company immediately in case of absence and in case of illness, present a medical attestation not later than the third day of the absence.
7. complete a report about the Practical Training on a topic as determined with the company and according to the guidelines required by the University department.

Topic for report:

§ 4 Mentor

1. The company appoints the following contact representative as mentor for the training of the student. The mentor will also be the contact representative for the University:

Name:

Telephone:

2. The mentor from the University ist as follows:

Name:

Telephone:

§ 5 Insurance Coverage

During the Practical Training Semester the student ist insured against accident by law. (§ 2, (1), Number 1, 7th book of the German Social Security Statutes Book "Sozialgesetzbuch"). The designated insurer is the Employer's Liability Insurance Association ("Berufsgenossenschaft"). In the event of accident, the company shall send a copy of the accident report to the university.

During those times when the student is taking part in examinations or classes organised by the university, accident insurance coverage is provided by the Accident Insurance for the State of Saxony "*Unfallkasse Sachsen*" (§ 2, (1), Number 8c, 7th book of the German Social Security Statutes Book "*Sozialgesetzbuch*").



§ 6 Cancellation of Contract

This contract can be cancelled:

1. if necessary due to an important reason, irregardless of the contract terms,
2. if there ist an alteration or termination of the planned training objectives, within a 4-week time period.

The cancellation of contract must be given in writing, statin gthe reason(s) for the cancellation.

The party initiating the contracts cancellation must inform the University immediately.

§ 7 Issuing of Contract

The contract is to be issued and signed in triplicate, with each contracting party receiving a copy. The student is responsible for distributing one copy to the company mentor and one copy to the University mentor.

§ 8 Additional Agreements

(Place and Date)

(Place and Date)

Company:

Student:

(Signature)

(Signature)



Registration Form for the Practical Semester in the University Department:

A Practical Traineeship has been arranged in

and a Practical Training Contract has been made with the following student:

Last Name, First Name:

Address:

This Practical Training will be offered in the following semester: Yes No

Name of company:

Name of training position:

Company address and telephone:

Company product range and type of business:

Total number of fulltime employees at the company:

The student will be assigned to the following company departments and areas of responsibilities:

- 1.
- 2.

The following person will be responsible as "mentor" for technical supervision during the training period:

Mr./Ms.

Place

Date

Company Stamp/Signature

Agreement of the University

The West Saxony University of Applied Sciences Zwickau (WHZ) accepts the Practical Training Semester agreement between the university student and the above-named company.

The following person will be responsible as "mentor" for supervision: -----

Zwickau, on

Mentor at WHZ

University Practical Training Office
Representative



Certificate of Practical Training During the Practical Semester from the Training Company

Student Name:

Matr.:

born in: _____ on: _____

student at the West Saxony University of Applied Sciences Zwickau (WHZ) in the Degree Program:

_____ completed a practical training period during the Practical Semester * _____ *
in the time period from _____ to _____ (= _____ weeks)
in _____

Type of work and responsibilities:

Due to

the student was absent for _____ weeks/ _____ days.

(1 working day = 0.2 weeks; official holidays and days for university classes count as working days.)

Place and Date

Signature of the company mentor

Company stamp