

Annex 4



WHZ Westsächsische
Hochschule Zwickau
Hochschule für Mobilität

Registration Form the Practical Semester in the University Department

Notification to the Internship Officer of the Faculty of Automotive Engineering

intended internship from to

Mr/Mrs..... Seminar group number

Date of birth Study focus

Task (working title or field of activity)

.....

.....

Internship company

Name of supervisor at WHZ :

.....
Signature student, Date

Confirmation of the supervisor at WHZ:

Signature supervisor (WHZ), Date

Zwickau,

.....
Signature internship officer (WHZ)

Confirmation of the completion of the internship (to the Internship Officer of the Faculty of Automotive Engineering)

Mr/Mrs

has successfully completed the internship semester. The submitted report was positively evaluated.

.....
Date, Supervisor signature

.....
Date, Internship Officer (WHZ) signature