

**Application for the Work Placement for Professional Orientation (OP)**  
**(with the confirmation of an internship position)**

during the time period from \_\_\_\_\_ to \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Student number: \_\_\_\_\_ Semester: \_\_\_\_\_

**Home address:**

**Semester address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Study programme: Bachelor Combined Studies**

Subjects: 1. \_\_\_\_\_ 2. \_\_\_\_\_

*I declare that I will treat all matters that I learn during the internship as confidential.*

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

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**Commitment of the institution/company/association:**

The above-mentioned student may complete his internship during the time period from \_\_\_\_\_ to \_\_\_\_\_  
in the following institution/company/association:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Stamp of the institution/company/  
association:

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

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Please submit the complete application (incl. confirmation of an internship) to the Internship Office of the Centre for Teacher Education.