

Certificate of Internship

Mr / Ms _____

Student Number: _____

enrolled since WiSe / SoSe _____

Semester: _____

in **Bachelor Combined Studies** with the subjects

1. _____ 2. _____

successfully completed a **General School Internship**

at the school _____

during the period from _____ to _____.

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School:

Signature of the mentor

Place, date

Signature of the head of the school