

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

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: _____

Stamp of the institution/company/ association:

Address: _____

Telephone _____

E-Mail: _____

Place, Date

Signature

Please submit your complete application, including confirmation of your internship position, to the Internship Office at the Centre for Teacher Education by email at praktikum.bacs@uni-vechta.de.