

Centre for Teacher Education Intership Office Fon +49.(0) 4441.15 380 E-Mail praktikum.bacs@uni-vechta.de Driverstraße 22 49377 Vechta

Certificate of Internship

Mr/Ms	Student number:		
enrolled since			
in the Bachelor Combined Stud			
completed the Work Placemer	nt for Professional Orientation (OP)		
at the institution/company/assoc	iation:		
Name:			
Address:			
during the period from	to		
Internship institution/company/a	ssociation:		
Place, date	Signature of the head of the institution/company/association	Stamp of the institution/company/ association:	
Short feedback about the interns	hip:		
University:	successfully complete	Work Placement for Professional Orientation (opb001) successfully completed: failed:	
Place, date	Signature of the tutor	Stamp of the university:	