

Certificate for successful completion of an internship

For the bachelor program B.Sc.Health Science

I declare that the student		
Name	Matriculation number	Start of program
has successfully and regularly completed his requirements of TU München.	s/her internship at our institution. The	e internship has fulfilled all
Duration of the internship: to .	= weeks	(min. 6 / max. 20)
Activities during the internship:		
Name of internship supervisor	Signature of the	e supervisor
Stamp and address of the internship instituti	on	
I declare that I have completed the internship provided corresponds to the actual course of		ribed above. All information
Name	Signa	ature of the student
Approval by the School		

Signature of the Internship Office