

Certificate for successful completion of an internship

for the Bachelor course of studies in Sport Science

I declare that the student

Name	Matriculation number	Start of program
has successfully and regularly completed his/he requirements of TU München.	r internship at our institution. The internsh	ip has fulfilled all
Duration of the internship: to	weeks (min. 6 / r	max. 20)
Activities during the internship:		
Name of internship supervisor	Signature of the supervis	sor
Stamp and address of the internship institution		
I declare that I have completed the internship su provided corresponds to the actual course of the		ve. All information
Name	Signature of th	e student
Approval by the Department		
	Signature of the Internship Office of the	Department