For the bachelor program B.Sc. Sport Science

Information on the student			
Name:			
Matriculation no: Start of program: E-Mail (TUM):			
		Information on the planned internship	
		Field:   Recreational sports  Professional/Popular sports  Communication/Media Economics/ Event management	<ul> <li>Research</li> <li>Development (Software/ Hardware)</li> <li>Other field:</li> </ul>
Practical seminar:	🗆 accompanied 🛛 compact		
Reasons (if compact):			
Duration from to	= weeks (min. 6/max. 20)		
Expected weekly hours of work:			
Name/address of the			
Internship-office:			
Internship-advisor:			
Activities/goals:			
	Date and signature of the student		
To be filled out by the internship-advisor:			
I declare that I am prepared to provide guidanc guidelines.	e on the internship in accordance with the current		
Otomon and simplifying of the intermedia advisor	Dete		
Stamp and signature of the internship-advisor	Date		
To be filled out by the Internship Office:			
and study regulations (see	npulsory internship according to § 37 a of the subject examination <u>ide/studiengaenge/bachelorstudiengaenge-bsc/bsc-sport-</u> ).		

Munich, \_\_\_\_\_