

<b>Module Certificate for Internships</b>	 <b>GOETHE</b> <hr/> <b>UNIVERSITÄT</b> FRANKFURT AM MAIN
Degree programme	

**Personal details** (to be filled in by the student)

Name, First Name	Matriculation number
Address	Telephone
	E-Mail
Degree programme (incl. minor subject), subject semester	Date of submission of the report

**Internship certificate** (to be filled out by the internship company / organization)

Name of the company / organization	Sector, profession
Address	Website
	Telephone / Fax
Internship supervisor (name, profession)	E-mail
Internship duration	Total amount of working hours _____ h
Internship activities	
Stamp, date, signature	

**Confirmation of successful participation at the study day**

(to be completed by a authorized member of the department)

Evaluation	Date	Examiner: Name, Signature, Stamp
The student has successfully participated in the study day and has completed the required work.		