Confirmation about the acknowledgement of the basic conditions for the approval for a semester of leave due to an internship

Hereby I confirm, ________________,
first name, surname

matriculation number: ______________,

enrolled in the degree programme ______________________________________,

to have taken note of the following basic conditions for the approval of a semester of leave due to an internship:

- written confirmation of the internship at home or abroad must be provided by the respective company,
- the minimum internship duration of 3 months must be fixed in writing by the internship provider,
- a semester of leave due to an internship is only possible once during the course of studies,
- as a rule, it is not possible to take part in examinations during the semester of leave due to an internship.

________________________________________________________________________
Place                     Date                     Signature

Contact:
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