

INTERNSHIP CERTIFICATE

Name:

Matr.No:

Date of birth:

in:

Has been employed as a university intern
in the following department

from to

Department or area of activity	from	to	weeks

Days of absence during the internship:

Thereof holiday, illness, other reasons.

The internship report has been checked and countersigned.

Comments:

Date:.....

Company Address:

Company Stamp and Signature:

***The evaluation on page two is to be used for both the basic and the advanced internship!
Please fill in the certificate by using a typewriter.***

Requirements and description of task:

Evaluation of results:

Evaluation of personal qualities:

Please tick	Performs well beyond expectations	Exceeds expectations	Fully meets expectations	Just meets expectations	Does not meet expectations
Communication skills					
Organisational talent					
Judgement					
Creativity and mental agility					
Efficiency and motivation					
Reliability					
Resilience					
Independence and initiative					
Team skills and amenability					

Any other comments:

Date

Signature of supervisor

Signature of intern