

INTERNSHIP – EVALUATION REPORT

for the practical semester

Company, Authority, Institution

Address, Telephone, E-Mail, Web

Mrs.

Mr.

Divers

Without specification

First Name, Last Name

Date of Birth

Place of Birth

Student at the Hochschule München (Munich University of Applied Sciences)

degree-program

has completed the practical training

from

to

Details:

Department, Training Content, Duration

Praktikumszeugnis Version 1.0 2024

He/She/They has/have completed the requirements according to the training plan for the practical training

yes

no

Number of days absent (excluding lecture and exam days)

Was the practical training completed without interruption? If yes, please enter 0.

Special Remarks

For example, whether missed days were made up; reason, if the internship was completed unsuccessfully; etc.

Stamp of company,
Signature of coordinator

Place, Date