



**Department of Computer and
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**Internship
Recognition Form**

Details of the organisation

Name:
Address:

Phone:
Email:
Website:

Details of the student

Name:

Student ID:
Email:

The internship lasted from

until

Semester: summer term

winter term

full-time job: weekly hours of work

part-time job: weekly hours of work

The main duties and activities included (if necessary use an extra sheet):

Date, Stamp and Signature of Employer

Accepted as Internship : _____
Dr. Martin Brunner