

Registration of the internship at UDE

To be filled in by the student. Please submit it to the TWM study coordinator at UDE (digitally or sheet) before you start the internship!

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| Name of the student: Postal address: E-mail: Telephone (personal): Telephone (at the affiliation): | |
| Subject of the internship: Stationing: internal/external, namely Internship period (12 weeks!): Nature of the work: | |
| UDE supervisor/assessor Name | Department/University |
| External supervisor Name | Department/Organisation |
| Special circumstances that can influence the performances of the student (illness, circumstances at home): | |
| Remarks on special circumstances and striking performances/shortcomings of the student: | |