

## Confirmation of practical training

for the 1./2. practical semester in SS / WS \_\_\_\_\_

**Name** \_\_\_\_\_

**Matr.-Nr.** \_\_\_\_\_

**Course of studies** \_\_\_\_\_

**Deputy / GSO HS** \_\_\_\_\_

**Practical training establishment:** \_\_\_\_\_

**Deputy/Practical training** \_\_\_\_\_

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_ weeks)

department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (= \_\_\_\_ weeks)

Times absent from work \_\_\_\_\_ days/weeks

Arguments: \_\_\_\_\_

### Report accepted by practical training establishment:

\_\_\_\_\_  
Date seal/signature

### Report accepted by Georg-Simon-Ohm University of Applied Sciences Nuremberg

\_\_\_\_\_  
Date seal/signature