

## Certificate of employment

Name: \_\_\_\_\_

Course of studies: \_\_\_\_\_

Matriculation number: \_\_\_\_\_

<b>Period of full time employment</b>	
<b>from:</b>	<b>to:</b>
<b>Days of absence:</b> _____	
<i>*Days of absence must be made up</i>	
Remarks:	

**Company:**

**Student:**

\_\_\_\_\_

Place/date

\_\_\_\_\_

Place/date

\_\_\_\_\_

Signature/stamp

\_\_\_\_\_

Signature

**Remarks, internship office**

Praxiszeit erfüllt

ja

nein

Bemerkungen:

Oldenburg, \_\_\_\_\_

Unterschrift

**Please return the signed document to the internship office**