



GESAMTSCHULE STIERSTADT
INTEGRIERTE GESAMTSCHULE DES HOCHTAUNUSKREISES
MIT GYMNASIALER OBERSTUFE IM AUFBAU
JAHRGANGSTEAMSCHULE
GANZTAGSSCHULE

(Comprehensive school including an upper secondary level)

Betriebspraktikum E2

Vocational internship

Confirmation of internship by the student

and

Confirmation of internship by the host organisation

(name of student, tutorial group)

(address, telephone number)

My vocational internship will take place from.....**13.06.2019**..... to**27.06.2019**..... at

(name, address and telephone number of host organisation)

My internship supervisor will be Mrs/Mr

For confirmation by host organisation, please see letter attached.

For confirmation by host organisation, please see below.

(date, student's signature)

We herewith confirm that the student _____ *(full name)*

can complete a vocational internship in our organisation from to

Internship supervisor will be Mrs/Mr

(stamp, signature)