

# HOCHSCHULE HOF

Study Course: .....

Semester: .....

Last Name / First name \_\_\_\_\_ Matriculation N° \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Confirmation of the semester of practical work experience during the summer / winter semester \_

Training company

\_\_\_\_\_  
\_\_\_\_\_

department / division _____	from _____	to _____	(= _____	weeks)
department / division _____	from _____	to _____	(= _____	weeks)
department / division _____	from _____	to _____	(= _____	weeks)
department / division _____	from _____	to _____	(= _____	weeks)
department / division _____	from _____	to _____	(= _____	weeks)
department / division _____	from _____	to _____	(= _____	weeks)
department / division _____	from _____	to _____	(= _____	weeks)

Absent from work:

\_\_\_\_\_ days / weeks because of \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp and signature of the training company

Report acknowledged by the Hochschule Hof:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the instructor for the practical work semesters