

FACHHOCHSCHULE HOF

Study Course:

Semester:

Last Name / First name _____ Matriculation N° _____

Date of Birth _____

Confirmation of the 1st / 2nd semester of practical work experience during the summer / winter semester 20 _____

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 Fachhochschule Hof:

Date

Signature of the instructor for the practical work semesters