

# CERTIFICATE

of the training company  
about the semester of practical work experience

Mr / Ms \_\_\_\_\_ Matriculation N° \_\_\_\_\_  
born on \_\_\_\_\_ in \_\_\_\_\_

student of the Fachhochschule Hof

study course \_\_\_\_\_

has completed his / her 1<sup>st</sup> / 2<sup>nd</sup> semester of practical work experience

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

at \_\_\_\_\_  
(training company)

\_\_\_\_\_  
(division / department / supervision)

with success / without success \*

\* in case of failure please name reason \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of training instructor / supervisor

\_\_\_\_\_  
Company / stamp of the company