TECHNISCHE HOCHSCHULE OSTWESTFALEN-LIPPE UNIVERSITY OF APPLED SCIENCES ADD ATS	Only one drafting is needed!
Application for admission to the Scientific Internship	Date of receipt:
Surname, first name:	Matrno.:
Current address:	Phone:
	Cell phone:
E-Mail address:	
I apply for admission to the Scientific Internship in the perio	od
from till	
I confirm that I have fulfilled the admission requirements ac regulations .	cording to the examination
Date Signature	e of applicant
Filled in by the supervising professor:	
Consent of the supervisor	
After review of the education institution	
(company, institute, office, other institutions)	
(address)	
(contact person)	
I confirm that this education institution is appropriate to do am willing to supervise this student.	the Scientific Internship. Furthermore I
 DateS	

Note of admission by the examination office/examination board

The above indicated student has fulfilled the admission requirements for the Scientific Internship and she/he is hereby permitted to the Scientific Internship.

Date	Examination office C	Chairman of the examination board	
Confirmation of the	supervising professor		
Start and end of the S	Scientific Internship		
from	till		
		ye	s no
Certificate of the edu	cation institution has been received		
Report (in English) of the student has been received			
Participation in the e	valuation event/presentation (in Englis	h)	
Student has satisfacto	orily performed the tasks entrusted to	her/him	
Acceptance of the Sci	entific Internship is recommended		
	Date Si	gnature of superviso	Dr
Acceptance by the ex	camination board		
The Scientific Interns Mrs/Mr	hip is accepted. has acquired 6 Credit Poi O PEM) for the successfully completed		

Date

Chairman of the examination board