



CONFIRMATION OF INTERNSHIP
for Bachelor students in Japanese Studies

Personal information (student)

Name:
Matr.no.: Study course no.: A033 643
Address:
Phone number:
Email:

Information on internship provider

Institution / company:
Relation to Japan:
Address:
Phone number:
Email:

Information on internship

Time period from to
Number of hours worked:
Range of activities:
.....
.....
Responsible mentor:

Date: Signature of internship provider:

Studienprogrammleitung
Ostasienwissenschaften (Stempel)

Datum: Unterschrift



Bericht erhalten

Unterschrift LV-Leitung