

Evaluation of an External Internship Master's Programme in Mathematics

Name of the trainee:

Period of the internship: until

Name of the company/institute:

Address:

Contact person in the company/institute:

E-Mail
(if questions should arise)

I hereby confirm that the above mentioned trainee

- completed an internship
 worked for hours per week as a student trainee

in our company in the period of time named above.

Tasks/Assignments:

Remarks (Commendations, Complaints, ...):

Place

Date

Signature of the supervisor