

# This is to certify that

Surname, forename: ..... Seminar group number: .....

Address: .....

Date of birth: ..... Place of birth: .....

Student at *Westsächsische Hochschule Zwickau, University of Applied Sciences*

Study course: Languages and Business Administration

completed his/her **practical professional training semester**

**successfully / unsuccessfully\***

at .....

..... <http://www> .....  
(place of internship + web address)

from ..... to ..... (= .....weeks)

Department/s: .....

**Kind and content of practical professional work:**

.....  
.....  
.....  
.....

**For reasons of** .....

on the part of the student/the place of internship\* ..... weeks/ ..... days

**could not be served** (1 working day = 0.2 weeks; bank holidays and lecture days are counted as working days).

\_\_\_\_\_ date

\_\_\_\_\_ supervisor's signature, stamp of company

\* Please mark what applies