

Please return to:

University of Applied Sciences Ingolstadt
Office of student affairs
Esplanade 10
85049 Ingolstadt

handed by (Please cross the regarding):

Dual-Cooperation Enterprise (with contract of cooperation / without contract of cooperation (Please cross the regarding))

Enterprise of internship (Precheck)

Student: Name, first name

Tel. / mobil / email

Die Ausbildungsstelle wird als Ausbildungsbetrieb für die Praktikantenausbildung im Studiengang:

- | | |
|--|--|
| <input type="checkbox"/> Betriebswirtschaft | <input type="checkbox"/> Luftfahrttechnik |
| <input type="checkbox"/> Internationales Handelsmanagement | <input type="checkbox"/> Maschinenbau |
| <input type="checkbox"/> International Retail Management | <input type="checkbox"/> Maschinenbau und berufliche Bildung |
| <input type="checkbox"/> International Management | <input type="checkbox"/> Wirtschaftsingenieurwesen |
| <input type="checkbox"/> Elektro- und Informationstechnik | <input type="checkbox"/> Fahrzeugtechnik |
| <input type="checkbox"/> Informatik | <input type="checkbox"/> Technik Erneuerbarer Energien |
| <input type="checkbox"/> Mechatronik | |
| <input type="checkbox"/> Flug- und Fahrzeuginformatik | |
| <input type="checkbox"/> Wirtschaftsinformatik | |

-----Dieser Abschnitt ist von der Hochschule auszufüllen-----

für das Praktische Studiensemester voll anerkannt.

für das Praktische Studiensemester abgelehnt. - Begründung:

.....

.....

Ingolstadt,

.....
Unterschrift der/des praktikumsbeauftragten Professors / Professorin

Kenntnis genommen am:

In Liste eingetragen am:

.....
Unterschrift CSIO

.....
Unterschrift Service Center Studienangelegenheiten

Company name

Data Entry Form for Approval as Training Company for Internships of Students of the University of Applied Sciences Ingolstadt

Your company is not yet listed as a training company for students of the University of Applied Sciences Ingolstadt. Therefore please complete the following questions:

Company name / detailed description of your business including valid address:

Company name:

street:

ZIP code:

City: country:

Webaddress:

Industry / Product range / tasks of the company and the department the student will be working in:

Total number of full-time employees:

Total number of office staff (business training):

Total number of technical staff (engineering/technical training):

Which department will the student be assigned to and what tasks will he/she be asked to perform?:

Who will be directly responsible for the student's professional training?

Name: Phone:

Position: held since:

Degree:

It is confirmed, that the representative of the company is holding a degree in the same field the student is studying.)

Number of engineers or equal qualified persons:

The company has existed for years.

.....
City, date

.....
Company seal/stamp

.....
Signature