

## Declaration concerning internship activities

Host Company/University \_\_\_\_\_  
represented by Dr/Prof. (*name and role*) \_\_\_\_\_  
The internal tutor Dr/Prof \_\_\_\_\_  
phone number \_\_\_\_\_ e-mail address \_\_\_\_\_

with reference to the internship to be carried out by \_\_\_\_\_ (*student's name*)  
born in \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

### DECLARES

to give express consent to the student for an internship carried out for (days/months) from \_\_\_/\_\_\_/\_\_\_ to  
\_\_\_/\_\_\_/\_\_\_

**At the end of the internship, the tutor has to attest how the internship activities have been carried out according to this declaration.**

Place and date \_\_\_\_\_

Stamp and signature \_\_\_\_\_