The Examination Committee for the
Bachelor Course Textile and Clothing Management

Record sheet for internship /semester abroad

Student:
Surname:________________________Firstname:_______________________________
Enrolment no.:____________________

Internship Company: (respectively University)  (for student to fill in)
Name:_____________________________________________________________________
Address:____________________________________________________________________
Responsible contact person – including telephone number and email address (only for internship):
___________________________________________________________________________

Name of supervising professor :_______________________________________________

Does the report meet the requirements? yes/no 1)
For an internship:
Submission of testimonial from company? yes/no 1)
For a semester abroad:
20 ECTS points or equivalent achieved? yes/no 1)

Date:____________ ____________________________ Supervising Professor

Is the internship /semester abroad accredited? yes/no 1)

___________________________________ __________________________________
Chairman of the Examination Committee Examination Office

1) please cross out not suitable