



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