

| | |
|---------------------------|--|
| ADDRESS OF COMPANY | von der FH München auszufüllen: |
| | Eingang: |
| | FB / STGRU: |
| | WS / SS: |

INTERNSHIP – EVALUATION REPORT
for the _____ practical semester

Name _____,
(first) (last)

Date of Birth: _____ Place of Birth: _____,

student at the Fachhochschule München – University of Applied Sciences Munich –
in the degree-program:

_____,

has completed the practical training from _____ to _____

Comment :

He / she has completed the requirements according to the training plan for the practical
semester: yes / no

_____.

Number of days absent: : _____ Number of days sick: _____

(total amount) Other absences: _____

reasons: _____

Place, date

Stamp of company, Signature of coordinator