



Campus Straubing für
Biotechnologie und
Nachhaltigkeit

Professur für
Biogene Polymere

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Request

Implementation of an external research internship

Mrs/Mr

First name, Last name, Matriculation number

intends to do a research internship at the following company/institution

Company/institution, if applicable responsible department

The work will be supervised scientifically by Mrs. / Mr.

Name of the supervising professor, university

and within the company/institution by Ms/Mr.

Name of the supervisor within the company/institution

It is confirmed that the candidate is able to carry out the activities necessary for the recognition of the research internship.

Subject area of the internship

Start of work/End of work

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Place, Date, Signature student

.....
Place, Date, Signature professor

.....
Place, Date, Signature supervisor

zugestimmt:

.....
Place, Date, Signature Chairman of the Audit Committee