



(Comprehensive school including an upper secondary level)

Berufspraktikum E2
Vocational internship

Confirmation of internship by the student
and
Confirmation of internship by the host organisation

KARBENER WEG 38
61184 KARBEN
TELEFON: 0 60 39/9 23 50
FAX: 0 60 39/92 35 49
E-MAIL: poststelle@kska.
karben.schulverwaltung.
hessen.de

.....
(Name of student, tutorial group)

.....
(Adress, telephone number)

My vocational internship will take place from.....**01.04.2019**..... to**12.04.2019**..... at

(Name an adress of host organisation)

My internship supervisor will be Ms/Mr

- For confirmation by hostorganisation, please see attached letter.
- For confirmation by hostorganisation, please see below.

.....
(Date, parent's signature)

.....
We herewith confirm that the student(name)

can complete avocational internship in our house from to

Internship supervisor will be Mr/Ms

.....
(Stamp, signature company)