



University of Cologne

Faculty of Management, Economics and Social Sciences

Confirmation about the acknowledgement of the basic conditions for the approval for a semester of leave due to an internship

Hereby I confirm, _____ ,
first name, surname

matriculation number: _____ ,

enrolled in the degree programme _____ ,

to have taken note of the following basic conditions for the approval of a semester of leave due to an internship:

- written confirmation of the internship at home or abroad must be provided by the respective company,
- the minimum internship duration of 3 months must be fixed in writing by the internship provider,
- a semester of leave due to an internship is only possible once during the course of studies,
- as a rule, it is not possible to take part in examinations during the semester of leave due to an internship.

Place

Date

Signature

Contact:

Phone: +49 221 470 8818

Mail: wiso.uni-koeln.de/enquiry

Web: www.wiso-studentservice.uni-koeln.de

