

Please send it via email to: bachelor-info@etit.kit.edu or master-info@etit.kit.edu

To Examination Committee of KIT Department of Electrical Engineering and Information Technology

Application for recognition of an internship

Study program:	O ETIT	O MIT	O MEDT	Degree: O Bach	elor O Master	
I would like to request recognition of my work in the company						
(name and address from the	ne company)					
from	to	o completed training/ internship.				
Name:	Matriculation-No.:					
					Signature Student	
Professional examination by the Internship Office						
After a thorough ex	amination and	d on the basis	of the evidence	e provided, I have s	atisfied myself that	
the coursework con	npleted by the	e student can b	oe recognized i	n place of the profe	essional internship	
provided for in the study and examination regulations.						
Date		Sig	nature Internshi	o Office		
Recognition on be	ehalf of the e	xamination co	ommittee			
3						
Date			Signature F	lead of Examination (Committee	
In accordance 818 (2) of the	Study and Exami	nation Regulations	students who are no	ewly enrolled must apply fo	or recognition within	

one semester of enrolment.