OTTO-VON-GUERICKE-UNIVERSITÄT MAGDEBURG
FAKULTÄT FÜR WIRTSCHAFTSWISSENSCHAFT

Registration for the Internship Project Report

Matr.-number.:

Surname:

First name:

Supervisor: .....

Subject of the Internship ProjectReport (max. 159 signs):

Date/Signature: _____ / _____

Confirmation by the Supervisor

I have approved the above mentioned subject of the Internship Project Report on .....

Date/Signature: _____ / _____

Only for the Examination Office:

Abgabetermin: ..... Studierende/n benachrichtigt am: .....

Verlängerung bis: .....

bearbeitet durch: ..... / .....