

Confirmation

To be filled in by the host institution/host organisation after the placement.

For university use:

Serves as a submission to the responsible student body of the Karl-Franzens-University Graz for the consideration of the practice as a free optional subject or as a compulsory internship (see §§ 10 (3) and 11 of the statute of the study law of the Karl-Franzens-University Graz). This confirmation can be replaced by a confirmation of participation.

The information must be correct. In the case of incorrect information, no correction shall be made and in any case to get a new confirmation.

Host Institution / Host Organisation:

Name

.....

Address

.....

Contact Person

.....

Telephone

.....

Email

.....

Confirmation of Placement / Work / Participation issued for:

Date of birth

Family name,
first name

.....

T	T	M	M	J	J
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Address

.....

Type of
employment

.....

(Voluntary service, internship, academic activity,...)

Duration of
employment
from

.....

to

.....

Extent of
employment

.....

Working
hours/week

.....

(Full time, part time, ...)

Job description (to be completed by the employer):

.....
Date

.....
Signature and **stamp** of host institution