## To the Examination Committee for the Bachelor's Program in Economics at the University of Mannheim

## **Internship Certificate**

Mr./Ms.			(first name, LAST NAME)
completed an i			
between		and	(dd.mm.yyyy)
at			
(name and add	ress of the pl	ace of work)	·
(		,	
Supervisor:			
Phone number	: <u></u>		
E-mail address:	:		
<del>-</del> 1 ( )	1 /		
The following t	asks/activitie	s were completed during	the internship:
description, an	d that their c	ompletion enabled the st	ves specified in the internship module udent to obtain the competencies also
listed in the mo	oduie descrip	uon.	
Date	City	Signature of t	the Supervisor Stamp/Sea
(Please give thi	s document t	to the student.)	