

Please return to:



Fachhochschule Ingolstadt  
Amt für Studienangelegenheiten  
Esplanade 10

85049 Ingolstadt

eingereicht von:  
Surname, first name .....

Tel. / mobile phone / Email.....

Die Ausbildungsstelle wird als Ausbildungsbetrieb für die Praktikantenausbildung im Studiengang:

- Betriebswirtschaft
- Elektro- und Informationstechnik
- Informatik
- Mechatronik
- Maschinenbau
- Maschinenbau und berufliche Bildung
- Wirtschaftsingenieurwesen
- Fahrzeugtechnik

**----- This page has to be filled in by the University of applied sciences -----**

- für das 1. Praktische Studiensemester bzw. das Grundpraktikum **und** das 2. Praktische Studiensemester voll anerkannt.
- für das 1. Praktische Studiensemester bzw. das Grundpraktikum anerkannt.
- abgelehnt. - Begründung:

.....  
.....

Ingolstadt, ..... In Liste eingetragen am: .....

.....  
Unterschrift der/des praktikumsbeauftragten Professors / Professorin      Unterschrift Praktikantenamt

Company name.....

## Data Entry Form for Approval as Training Company for Internships of Students of the University of Applied Sciences Ingolstadt

Your company is not yet listed as a training company for students of the University of Applied Sciences Ingolstadt. Therefore please complete the following questions:

Company name / detailed description of your business including valid address:

Company name:.....

street:.....

ZIP code:.....

City:.....country:.....

Webaddress:.....

Industry / Product range / tasks of the company and the department the student will be working in:

.....  
.....  
.....

Total number of full-time employees: .....

Total number of office staff (business training): .....

Total number of technical staff (engineering/technical training): .....

Which department will the student be assigned to and what tasks will he/she be asked to perform?:

.....  
.....

Who in the department will be personally responsible for the student?

Name: ..... Phone: .....

Who will be directly responsible for the student's professional training?

Name: ..... Phone: .....

(Note: The person listed above must hold a degree in the same field the student is studying.)

Position: ..... held since: .....

Degree: .....

The company has existed for ..... years.

.....  
City, date

.....  
Company seal/stamp

.....  
Signature