

Deregistration for a study-related internship

Internship in the 1st study stage *

Internship in the 2nd study stage *

**cross out not applicable*

Surname First Name

Student Number Born

Class

Place, Date Signature

The above mentioned student is enrolled

In the study programme

In the class

The internship institution shall independently prepare a risk assessment for the intern's activities and instruct the intern on record.

With the signature of the supervisor and the associated institution, the student is insured via Unfallkasse Sachsen.

Internship Institution with adress:

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Period of internship:

Name of Supervisor:

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Place, Date Signature and seal of Supervisor or Institution

Confirmation of Professor in charge:

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Place, Date Signature

The form must be completed, signed and handed in to the Department of Study Matters before the start of the internship.