Title  
Full Name  
Street Address  
Zip Code, City

**Internship Confirmation for the Bachelor’s Program in Health Economics, B. Sc.**

Title full name , born on date of birth in place of birth, is enrolled in the Bachelor’s Program in Health Economics (B.Sc.) at the University of Bayreuth.

I hereby confirm that full name needs to pursue an administration internship with a duration of at least ten weeks in the context of his/her bachelor studies in Health Economics at the University of Bayreuth. This prerequisite is based on § 3 (2) of the examination regulations, dated 20 July 2017.

Students who volunteer pursuing a longer lasting internship or an additional internship outside the examination regulations are expressly encouraged to do so.

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(Signature PraktikantenService)

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**Confirmation**

Title full name confirms

that the prementioned internship has not been completed yet.

that the prementioned internship has been completed for a duration   
 of       weeks

Bayreuth, 5 September 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Student)