**Bachelor Internship Approval Form**

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| **Your personal data** | |
| Last Name: |  |
| First name: |  |
| Student ID Number: |  |
| Bachelor’s Program: |  |
| Your home country: | *IBW students: please note that you may not complete your internship in your home country.* |

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| **Company details** | |
| Company name: |  |
| Contact details of contact person in company: | *First and last name, e-mail address, telephone number* |
| Address: | *Street name , postal code, city* |
| Country: |  |

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| **Internship information** | | | |
| Starting date (dd/mm/yyyy): |  | Ending date (dd/mm/yyyy): |  |
| Number of weeks: |  | Working hours per week: |  |
| Job description and tasks during the internship: | | | |
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Please send this form to [edith.littich@wu.ac.at](mailto:edith.littich@wu.ac.at). You will receive the approval by e-mail. Please note that it may take up to 2 weeks to approve your internship.