

## Application for permission of an internship For the bachelor program B.Sc.Health Science

### Information on the student

Name: \_\_\_\_\_  
Matriculation no.: \_\_\_\_\_  
Start of program: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Information on the planned internship

Field:	<input type="checkbox"/> Biomedical sport field	<input type="checkbox"/> Health-care system
	<input type="checkbox"/> Psychological field	<input type="checkbox"/> Research
	<input type="checkbox"/> Social field	<input type="checkbox"/> Other field: _____
Practical seminar:	<input type="checkbox"/> accompanied <input type="checkbox"/> compact	
Reasons (if compact):	_____	

Duration from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ weeks (min. 6/max. 20)

Expected weekly hours of work: \_\_\_\_\_  
Name/address of the \_\_\_\_\_  
Internship-office: \_\_\_\_\_  
Internship-advisor: \_\_\_\_\_  
Activities/goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and signature of the student

### To be filled out by the internship-advisor:

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I declare that I am prepared to provide guidance on the internship in accordance with the current guidelines.

\_\_\_\_\_  
Stamp and signature of the internship-advisor

\_\_\_\_\_  
Date

### To be filled out by the Internship Office:

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The internship which has been applied for is permitted:

Munich, \_\_\_\_\_

\_\_\_\_\_  
Signature of the Internship Office