



Fachhochschule Köln  
Cologne University of Applied Sciences

Faculty of  
Information and Communication Sciences

Internship coordinator

**Application for approval of internship host institution**  
**(Please hand in 2 copies)**

**To be filled out by student**

Student name: \_\_\_\_\_

Degree course: BIB  IW  Student Identification number: \_\_\_\_\_

Street: \_\_\_\_\_

Postal Code / Town: \_\_\_\_\_

Country: \_\_\_\_\_

Phone / Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**To be filled out by host institution**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Postal Code / Town: \_\_\_\_\_

Country: \_\_\_\_\_

Phone / Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Internship details**

Exact dates: \_\_\_\_\_

Contact person: \_\_\_\_\_

Sample contract, special conditions \_\_\_\_\_

Student's signature, date

Cologne, \_\_\_\_\_

**Prerequisites for admission to internship**

To be filled out by the Cologne University of Applied Sciences

Host institution already admitted?  Yes  No (→ include in DB)

Contract (duration, regulations) OK? \_\_\_\_\_

Sufficient amount of credit points? (PSSO): \_\_\_\_\_

Contract signed?  Faculty supervisor: \_\_\_\_\_

Delivered (date): \_\_\_\_\_ The student is granted admission to the internship.

Cologne, \_\_\_\_\_ Internship coordinator \_\_\_\_\_