

Workplace:

To  
Hochschule Neubrandenburg  
Fachbereich Gesundheit, Pflege, Management  
- Immatrikulations- und Prüfungsamt -  
Brodaer Str. 2  
17033 Neubrandenburg

**Certificate of the internship completed**

Surname, first name of the student:	
Date of birth:	
Duration of the internship (date and weeks):	from                      to                      weeks
Absenteeism:	

Name and occupational title of the responsible internship supervisor (workplace)

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The areas of responsibility:

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Date

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Stamp of the workplace and signature of the internship supervisor