

Practical Module Certificate

according to the regulations of Faculty 3 Business and Law of the
Frankfurt University of Applied Sciences

Student's Name:

Address:

Date of birth: Student ID:

From: to (= weeks)

(Note: The days of absence because of sick leave, vacation or other absences from work have been compensated for)!

completed the practical module in our company / organization.
Please put company name and address or company stamp here.

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During the practical module, the student worked on the following tasks/projects:

Time period	Tasks/ Projects

Number of days absent (sick leave or vacation):

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Place, date

.....
Signature of company representative/supervisors