

**Gymnasium Oberhaching**  
Kastanienallee 20  
82041 Oberhaching  
Germany  
Tel.: +(0)89 6386680  
Fax: +(0)89 63866868



Report form  
**for an internship of an eleventh grade student**  
from \_\_\_\_\_ until \_\_\_\_\_

Herewith we approve to accept the student \_\_\_\_\_  
for an internship within the period mentioned above.

Name of the facility: \_\_\_\_\_

Address of the facility: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number (optional): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact within the facility: \_\_\_\_\_

Type of job: \_\_\_\_\_

Daily practical training period:      Begin: \_\_\_\_\_      End: \_\_\_\_\_

Contact at academic high school "Gymnasium Oberhaching" (teacher):  
\_\_\_\_\_

\_\_\_\_\_  
Location, Time

\_\_\_\_\_  
Signature (stamp optional)