

Confirmation of Supervision by TUM for Enrollment as “Practical Project Student”

I herewith confirm that

Name of Student	
Date of Birth	
Place of Birth (city / country)	

is being professionally supervised during the period of time

Period:	from:		until:	
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for the entire stay as a "Practical Project Student" at Technical University of Munich (TUM)
by me

Name of Supervisor	
Department	
Chair	
Address	
E-Mail	
Phone	

Place and Date

Signature and Stamp

Please upload the **signed and stamped form** and **e-mail** it together with all application forms to:
Technische Universität München - TUM Global & Alumni Office - **Sandra Lessing** -
Arcisstraße 21 - 80333 München - Germany
E-Mail: lessing@zv.tum.de Phone: +49.89.289 251 59