

Internship Certificate

Internship module (study area: general professional skills) of the BA Educational Science study program at the Faculty of Educational Science and Psychology (under the terms of the Study & Examination Regulation of 09 May, 2012; Official Register (Amtsblatt) of Freie Universität Berlin 27/2012).

This is to certify that Mr/Ms _____ has completed an internship from _____ to _____ in our institution/enterprise, lasting a minimum of **400 hours***.

* With reference to the General Study & Examination Regulation of the Freie Universität Berlin (§ 9, Attendance at lectures), times absent from the internship in case of illness have to be made up, beginning with the eighth missing day. Routine non-attendance days (e.g. leave days) are generally not counted as working time for the purposes of the internship.

Name and address of internship:

Name of institution/enterprise:

Department:

Street:

ZIP code, city, country:

E-mail address:

Place, date

Signature of institution/enterprise (please stamp here)

For the student: Please scan and submit this form as part of the internship report (one complete pdf-file).