

CERTIFICATION OF INTERNSHIP

This is to confirm that

Mrs./Ms./Mr. _____ ,
(Name, Surname)

born _____ ,
(Birth date)

completed an internship within our institution.

[According to the study and examination regulations for the Master's degree program in Social, Cognitive and Affective Neuroscience; all versions (FU-Mitteilungen Nr.35/2010, 37/2011, 40/2013)].

The internship took place from _____ to _____

(Total number of hours: _____).

Monetary compensation for the internship yes no

Name of Supervisor

Place and date

Official stamp - signature of the supervising psychologist

Please submit to:

Department of Educational Science and Psychology
Examination Office Master SCAN
Frau Jennifer Iven, KL 24/221j
Habelschwerdter Allee 45; D-14195 Berlin
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