

## Enrollment for Internship

Study and examination regulations for the Master of Science in Psychology Program; all versions (FU-Mitteilungen Nr.35/2010, 37/2011)

### Intern/ Trainee

Last name	
First name	Date of birth
Street	
Postal Code, City	Matriculation Number
Phone	
E-Mail	

Place and date:

Signature of intern/trainee: \_\_\_\_\_

### Internship Organisation

Institution	
Street	
Postal Code/City/Country	
Phone	
E-Mail	
Website	
Expected period from	to
Total nr of hours	
Monetary Compensation	
Name of supervisor (Note: must have an M.Sc. in Psychology)	

Place and date:

Signature of supervisor: \_\_\_\_\_

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**To be completed by FU Berlin**

### Approval by Supervisor at Freie University Berlin

Berlin,

Signature of supervisor at FU: \_\_\_\_\_

### Bitte Formular weiterleiten an: