

## 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 of Science in Psychology Program; all versions (FU-Mitteilungen Nr.35/2010, 37/2011)].

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