

CERTIFICATION OF INTERNSHIP

This is to confirm that
Mrs./Ms./Mr, (Name, Surname)
(cance, cancer,
born,
(Birth date)
completed an internship within our institution.
[According to the study and examination regulations for the Master's degree program SCAN; all versions (FU-Mitteilungen Nr.35/2010, 37/2011, 40/2013, 26/2015)].
The internship took place fromto
(Total number of hours:).
Monetary compensation for the internship yes no
Name of Supervisor
Place and date
Official stamp - signature of the supervisor

Please submit to:

Department of Education and Psychology Examination Office Master BiWi/SCAN Christian Müller KL 24/221j Habelschwerdter Allee 45; D-14195 Berlin Telephone (0049 30) 838-54 713; Fax (0049 30) 838-4 54 713

Email: mascan@ewi-psy.fu-berlin.de

Freie Universität

Berlin

^{*} Internship coordinators: Prof. Dr. Arthur Jacobs, Prof. Dr. Hauke Heekeren, Prof. Dr. Dirk Ostwald, Prof. Dr. Malek Bajbouj, Prof. Dr. Felix Blankenburg, Prof. Dr. Katja Liebal