

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 Cognitive Neuroscience; all versions (FU-Mitteilungen Nr. 14/2021)].

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 supervisor

Please submit to:

Department of Education and Psychology
Examination Office MCNB
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: macnb@ewi-psy.fu-berlin.de