

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.13/21)].

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