Department of Educational Science and Psychology
Bachelor program in Psychology

Freie Universität Berlin

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 Bachelor of Science in Psychology Program; all versions (FU-Mitteilungen Nr.22/2017, 48/2009, 37/2011, 40/2013)].

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