

## CERTIFICATION OF INTERNSHIP

for the Master's Degree Program in Cognitive Neuroscience  
at the Department of Education and Psychology, Freie Universität Berlin

<b>Last name:</b>		<b>Student ID:</b>	
<b>First name:</b>		<b>Cohort:</b>	

The person with the information above has completed an internship within our institution, according to the study and examination regulations for the Master's Degree Program in Cognitive Neuroscience; all versions (FU-Mitteilungen Nr. 14/2021)

<b>Institution's name, address, and country:</b>			
<b>Internship start date:</b> (dd.mm.yyyy)		<b>Internship end date:</b> (dd.mm.yyyy)	
<b>Internship duration:</b> (in hours)		<b>Internship report submission date:</b>	

Hereby, I confirm that the internship was carried out with educational aim and the certified 300 hours were not part of a paid job such as research assistant work. An internship report of approximately five pages has been submitted, which describes the performed work and meets a master thesis-appropriate scientific writing style.

---

**Internship Supervisor (name, title, signature)**

**Location, date**

**Submit to:**

Submit **together with the internship report** to the internship coordinator Timo T. Schmidt via E-Mail to: [timo.t.schmidt@fu-berlin.de](mailto:timo.t.schmidt@fu-berlin.de).

**After approval:**

After approval by the internship coordinator, this form will be forwarded (with the student in Cc) to the examination office <[macnb@ewi-psy.fu-berlin.de](mailto:macnb@ewi-psy.fu-berlin.de)>.

Berlin,

---

**Internship Coordinator**  
Dr. Timo T. Schmidt

**Location, date**