



Application Form for Internship

(In the third semester of the Master's degree, it is part of the module "Research Experience" to do an internship. Use this form for the official application of your internship)

Student			
Last Name			
First Name (and Middle or Initial)		Date of birth	
Address (Street, Number)			
Zip Code		Student-ID	
City			
Telephone			
Email			

Host Organization for Internship	
Institution	
Address (Street, Number)	
Zip Code	
City / Country	
Telephone	
Email	
Web Address	
Intended period of time	
average number of hours	
Name of supervisor	

Berlin, _____ (insert date)

signature of the student:

Written Consent of the Internship Coordinator*

Berlin, _____ (insert date)

Name and signature of the internship coordinator:

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 54713
 Email: mascan@ewi-psy.fu-berlin.de

