

## **CERTIFICATION OF INTERNSHIP**

This is to confirm that
Mrs./Ms./Mr, (Name, Surname)
(Name, Sumane)
born,
completed an internship within our institution.
[According to the study and examination regulations for the Master's degree program SCAN; all versions (FU-Mitteilungen Nr.35/2010, 37/2011, 40/2013, 26/2015)].
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: Freie Universität
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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 54 713 Email: <u>mascan@ewi-psy.fu-berlin.de</u> Freie Universität Berlin

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