

Internship Certification

Study Course Psychology, BA

According to the general part of the Bachelor examination regulations, University of Bremen, January 27th, 2010 in connection with the subject-specific part and the regulation of internships, valid in the respective current version

Data of the student

Surname: _____ Date: _____

First name: _____ Matriculation no.: _____

Address: _____ Telephone: _____

Postal Code, City: _____ email: _____

Data of the certifying institution/ facility

Name of the facility: _____

Mentor: _____

Time period: _____

Address of the facility: _____

Postal Code, City: _____

Herewith we certify that the student named above has completed the internship in the following time period (3 months): from: _____ to _____

Date

Signature of the person in charge

Only to be completed by the internship commissioner

The internship was completed with a report and a presentation.

passed failed

Date

Signature internship commissioner