

### Completion of the internship in the Bachelor's degree programme in Psychology

According to §2 (9) of the subject-specific part of the Bachelor Examination Regulations and the Internship Regulations.

|             |          |
|-------------|----------|
| Surname:    | Date:    |
| First name: | Matr.No: |
| Str., No:   | Phone:   |
| ZIP, City:  | E-Mail:  |

|                                    |  |
|------------------------------------|--|
| Designation of the practise place: |  |
| Supervisor:                        |  |
| Period of the internship:          |  |
| Address of the place of practise:  |  |
| ZIP, City:                         |  |

*Full internship:*

This is to certify that the above-mentioned student has completed an internship in the period  
from: \_\_\_\_\_ to: \_\_\_\_\_ of at least **390 hours**.

*Partial internship:*

This is to certify that the above-mentioned student has completed an internship in the period  
From: \_\_\_\_\_ to: \_\_\_\_\_ of at least **150 hours**.

A total of \_\_\_\_\_ hours were completed.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of person responsible for the training

To be completed by the internship supervisor only

The internship was completed with a report and a presentation and is

passed

not passed

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the internship supervisor of the degree programme