

Internship in MSc Program Physical Geography: Environmental History**I. Registration**

(To be filled in by the trainee)

Mr/Mrs _____ Matriculation-Nr. _____
(First Name, Surname)

Telephone/E-Mail _____

Registers for an internship at: _____

(Practical institution, supervisor or title as well as head of the research project with address)

from _____ until _____. Weekly working hours: _____
(In accordance with § 4 (2) of the internship regulations, the internship has to be of a period of 8 weeks and correspond to the weekly working time of a full-time employee. Deviations from this require a separate approval)

(Date) (Signature/Stamp Practical Institution) (Signature of the trainee)

II. Approval of the internship

(Filled in by the supervising member of the teaching staff and the Internship Coordinator)

The internship is approved according to § 5 of the Internship Regulations of the University of Bremen for the Master's program Physical Geography: Environmental History.

Remarks: _____

Teaching staff member: _____

(Stamp)

(Date and Signature Internship Coordinator)

(Date and Signature of the Teaching Staff member)

III. Confirmation of the completion of the internship

Mr/Mrs _____ (First Name/Surname)

has completed an internship from ____ 20 ____ to ____ 20 ____ with the total working time mentioned under I.

Stamp of the internship establishment

Date and signature