

Request for Recognition of Internship

Personal Data:

Name:

E-mail:

Student ID number: Start of program (HWS/FSS year):

Study Program: B.A. B.Sc. M.A. M.Sc.

Internship:

Internship institution:

Address:

Line of business:

Country: Language:

Name of supervisor:

For students enrolled in one of the psychology programs: Does the supervisor hold a graduate degree in Psychology? Yes No

Duration of the internship: From to = weeks

Average working time per week: hours/week.

Other:

Scholarship/grant:

Compensation/salary: € per month/for the duration of the internship

Comments:

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Place and date *Signatur Trainee*

Will be filled in by the Internship Manager:

The Internship will be approved:

Yes, with weeks

No

Mannheim, den
Signature Internship Manager