



Master's programm in International Relations

Faculty of History and Social Sciences

Certificate of Internship

Information by the student:

Name: _____ Surname: _____

Student registration number: _____ Mail: _____

Internship position: _____

Address of internship position: _____

To be completed by the program direction before the internship:

I hereby confirm that the above-mentioned internship is recognized by _____ to _____ as a compulsory internship in accordance with §7 para. 1 sentence 2 (3) or §7 para. 1 sentence 3 (4) of the examination regulations.

Place/date

signature

stamp

To be filled in by the internship position:

_____ has completed the mandatory internship required for this degree program to the extent specified above.

Attendance days _____ Days absent _____

Name of the supervisor: _____

Place/date

signature

stamp

To be completed by the program direction:

The internship report was submitted on _____, including this certificate and a copy of the internship certificate. The required module "Internship" (15 ECTS) was completed in accordance with §7 para. 1 sentence 2 (3) and §7 para. 1 sentence 3 (4) of the examination regulations.

passed

not passed

Place/date

signature

stamp