



**Internship Certificate – Module CM 11 Master of Psychology**  
**(SOPO 2021)**

|   |                      |
|---|----------------------|
| <b>Surname</b>                                    | <input type="text"/> |
| <b>First name</b>                                 | <input type="text"/> |
| <b>Matriculation-Nr.</b>                          | <input type="text"/> |
| <b>E-mail (HU Account)</b>                        | <input type="text"/> |
| <b>Academic degree (B.Sc., M.Sc./M.A., M.Ed.)</b> | <input type="text"/> |
| <b>Title of study program</b>                     | <input type="text"/> |

Name of the institution

It is hereby certified that from  to

a compulsory internship was completed as part of the master's degree program.

The total time of the completed internship was  hours.

The internship was supervised by Mr./ Mrs.

The internship took place in a selected area of psychology under the guidance of a person with a diploma or master's degree in psychology.

During the internship  acquired practical knowledge in the professional application of psychological work techniques.

Place, date

Supervisor's signature