



Internship Certificate – Module CM 05 Master of Psychology (SOPO 2024)

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