

Certificate of Internship

for submission at the

Technische Universität Dresden
School of Science
Faculty of Psychology
Master of Science in Clinical Psychology and Psychotherapy

Mrs/Mr

is born on in

had from until a -week long Internship

in our field

.....

.....
(Name of the field from Internship)

.....

.....
(Address, Telephone number)

under the supervision from Mrs/Mr

.....completed.
(Name, Position und Qualification)

This meets the requirements for hours of work.

The intern completed the following tasks:

.....

.....

.....

.....

.....

Location, Date

.....

Seal, Signature from Supervisor