

Internship certificate
Internship StR SPAEW
B.A. Educational Science

 JOHANNES GUTENBERG-UNIVERSITÄT MAINZ D-55099 Mainz

----- *to be filled in by the trainee* -----

Name, First name _____

Date of birth _____ in _____

Address _____

_____ Tel: _____

Email _____

BA __ Block internship (7.5 weeks full day)

BA __ Course-related internship (300 hours)

----- *to be completed by the institution* -----

We certify that the above named person has completed an internship at:

Name of Institution: _____

Address of institution: _____

Email: _____

Internship Supervisor: _____

Internship period/ regular working hours: _____

The activities of the intern consisted of: _____

Additional Notes: _____

(Date)

(Signature and stamp of the institution)

Fachbereich 02

Institut für
Erziehungswissenschaft

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