
Certificate of Completion of Internship

Mrs./Mr.

last name: _____

first name: _____

matriculation number: _____

date of birth: _____ in: _____

address: _____

Study programme:

Master's programme „Neurocognitive Psychology“ at Carl von Ossietzky University
Oldenburg, Germany

completed an internship at:

name of the company/institution/agency:

address: _____

phone: _____

from (date) _____ to (date) _____.

The internship was subdivided into:

occupation _____ hours _____

occupation _____ hours _____

occupation _____ hours _____

occupation _____ hours _____

occupation _____ hours _____

Total number of hours _____

comments: _____

Place, date, signature and stamp of a representative of the company/institution/agency