

# 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