

Internship in MSc Program Physical Geography: Environmental History

I. Registration

(To be filled in by the trainee)

Mr/Mrs _____ Matriculation-Nr. _____
(First Name, Surname)

Telephone/E-Mail

Registers for an internship at:

_____ in _____
(Practical institution with address) (Postal code, city, country if not Germany)

from _____ until _____. Weekly working hours: _____
(In accordance with § 4 (2) of the internship regulations, the internship has to be of a period of 8 weeks and correspond to the weekly working time of a full-time employee. Deviations from this require a separate approval)

(supervisor or head of the research project)

(Date) (Signature/Stamp Practical Institution) (Signature of the trainee)

II. Approval of the internship

(Filled in by the supervising member of the teaching staff and the Internship Coordinator)

The internship is approved according to § 5 of the Internship Regulations of the University of Bremen for the Master's program Physical Geography: Environmental History.

Remarks: _____

Teaching staff member: _____

(Stamp) (Date and Signature Internship Coordinator)

(Date and Signature of the Teaching Staff member)

III. Confirmation of the completion of the internship

Mr/Mrs _____ (First Name/Surname)

has completed an internship from ____ 20 ____ to ____ 20 ____ with the total working time mentioned under I.

Stamp of the internship establishment Date and signature

Note: The application must be submitted to the Internship Coordinator prior to the start of the internship. The internship regulations) and a sample contract for the traineeship are available on the website www.geographie.uni-bremen.de (German, English)