

# Internship Acknowledgment Form

## Department of Psychology

**Work or research internship according to § 23 BPO 2021  
Module 17**

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### Details of the institution

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of internship supervisor and degree: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Details of the student

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Practice Period  min. 4 weeks  min. 5 weeks  min. 6 weeks  min. 10 weeks  
ca. 150 hours ca. 240 hours ca. 390 hours

The internship lasted from (dd.mm.yyyy) \_\_\_\_\_ until (dd.mm.yyyy) \_\_\_\_\_ .

**Semester:** summer semester  winter semester

**Full-time job:** weekly hours of work: \_\_\_\_\_ or **Part-time job:** weekly hours of work: \_\_\_\_\_  
Note: StPA notice must be submitted.

The trainee was provided with professional guidance and supervision for at least 2 hours per week by the qualified Psychologist in charge in the institution providing the traineeship.

**Yes**                      **No**  
Note: StPA notice must be submitted.

**The main duties and activities included** (if necessary use an extra sheet with stamp and signature):

\_\_\_\_\_ Place, Date

\_\_\_\_\_ Place, Date

\_\_\_\_\_ Name in capital letters

\_\_\_\_\_ Signature of Student

\_\_\_\_\_ Stamp and Signature of Employer