

Completion of the compulsory internship for the M.A. program in Political Science

Confirmation by the internship provider

Intern (name and matriculation number):
Module 11: This is my __. course in modul 11.
Name and address of the institution providing the internship:
Department/division:
Intern supervisor:
Tasks of the intern:
Starting and end date of the internship:
Working hours per week:

Place, date

Signature intern

Signature supervisor

The Political Science department should be most grateful if you could provide the intern with a detailed reference. Thank you.

If you have any questions please contact the responsible person for internship coordination, at <master-pw@politik.uni-freiburg.de>.