

Registration of the Practical Semester (for the program Master of Education)

- Primary School
 Lower Secondary School
 Secondary School



Practical Semester abroad

Name, First Name		
Matriculation-Number		
Subjects		
Email (only University-Email)		
Date		

School-Address		
academic supervisor		

Internship Agreement (filled in by the school)	
Hereby we confirm to supervise the student _____	
in the period from _____ until _____ during the practical semester in the MA program.	
_____ Place and date	_____ Signature of headmaster /Stamp

- The application is valid as soon as the registration form together with required attachments have been received and confirmed by the Internship Office.
- I'm familiar with the Internship regulations for the Practical Semester abroad.

I have taken careful note of your comments: _____

Date Signature (student)

The registrations arrived complete and on time: _____

Date Signature (Internship Office)