

Registration of the Practical Semester Abroad

(for the Master of Education program)

Primary School ☐ Lower Secondary School ☐ Secondary School ☐ Special Education ☐



Europa-Universität
Flensburg

Zentrum für Lehrerinnen- und
Lehrerbildung (ZfL)



Name, First Name	
Matriculation Number	
Subjects	
Mailaddress	@studierende.uni-flensburg.de

School-Address	

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/ Date

Signature of headmaster and stamp

- The application is valid as soon as the registration form has been received and confirmed by the Internship Office.
- I am familiar with the Internship Regulations for the Practical Semester Abroad.
- The Practical Semester Abroad includes a period of at least 12 weeks.

Ich have taken careful note of your comments:

Date

Signature (Student)