

Form for internship recognition MASTER

Name: _____ Matriculation number: _____ E-Mail: _____

Degree course: Master Clinical Psychology [] Master Intercultural Psychology [] Semester: _____

Name of institution of internship: _____

Period of internship: _____ Number of working hours: _____

This form is based on the internship regulation of the Institute of Psychology.

https://www.uni-osnabrueck.de/fileadmin/documents/public/ordnungen/PraktikumsO-BachelorMaster-Psychologie_2021-08.pdf

The internship should be credited for (multiple ticking possible):

[] das Berufsbezogene Praktikum

[] das Modul Studienprojekt und Kolloquium

The internship regulation contains the following points for crediting an internship (please tick the appropriate boxes):

[] The fields of activity of the internship showed clearly recognizable **references** to the study contents and occupational fields of **the study program**.

[] The internship was **supervised** by a full time employee, who has a degree in Psychology (Diploma, B.Sc. or M.Sc. in Psychology) or a comparable degree*.

[] The internship was completed **after** the university entrance qualification (e.g. Abitur).

The internship took place

[] before enrolling in the master program.

[] after enrolling in the master program.

[] The internship has not been accredited in any other context (e.g. studies, apprenticeship) yet.

[] A **certificate or reference** of the internship including information on activities, period and number of hours worked is attached.

[] The **form internship report** is attached.

I agree that the internship coordinator may contact me via the given e-mail address in individual cases (e.g. if other students are interested in an internship abroad in the same country). In this case, the personal data will be stored for internal documentation purposes and will not be passed on to third parties. The agreement can be revoked at any time without giving reasons and in this case the data will be deleted immediately. The consent is voluntary. In the case of disagreement, no disadvantages arise.

[] I agree. (please do not enter a uos email address above)

[] I disagree.

I hereby confirm the above given information.

Place, date: _____ Signature (student): _____

* An equivalency check has taken place. Confirmation from the transfer manager (or an email confirmation is attached):

Place, date: _____ Signature (transfer manager): _____

This page only concerns the crediting of the module **Studienprojekt & Kolloquium** by a **research internship abroad**:

Details about the performed internship (as on the internship certificate)		Details about the intended crediting for the modules or courses at Osnabrück University (according to the module manual)			Crediting
Internship activities	Hours	Module-Code	Term	ECTS	
	240	Psy-M-124/114	Studienprojekt	8	<input type="checkbox"/> y <input type="checkbox"/> n
	90 (start of studies before 2021)	Psy-M-124/114	Kolloquium I	3	<input type="checkbox"/> y <input type="checkbox"/> n
	120 (start of studies after 2021)			4	<input type="checkbox"/> y <input type="checkbox"/> n
	120	Psy-M-124	Kolloquium II (Master intercul.)	4	<input type="checkbox"/> y <input type="checkbox"/> n
	—	Psy-M-132	Berufs- bezogenes Praktikum (depending on hours worked)		<input type="checkbox"/> y <input type="checkbox"/> n
Preparation and follow-up work	-60				
Crediting hours in total	—			—	

[] The **questionnaire on international mobility** is attached.

Place, date, signature (student)

Place, date, signature academic dean
(in representation transfer manager)