Internship/work experience Certificate

First name, last name:.....

Date of birth:..... .....Place of birth: .....

accomplished practical training from ..... to ..... with .... weekly working hours (= ..... weeks)

at .....

The internship/work experience complies with the internship/work experience regulations for the degree program in ☐ 'Geography'/ ☐ 'Environmental sciences'/ ☐ 'Forestry and Environment' (please tick the appropriate box), according to the examinations regulations of the University of Freiburg for the B.Sc. degree programs.

Internship/work experience contents:

Comments:

....., ...
(Place) (Date)

.....
(Signature of the internship/work experience provider)

(Stamp of the internship/work experience provider)

We hereby approve of the internship/work experience according to the regulations mentioned above and grant

..... weeks and ..... ECTS- credits.

(Date and signature of the supervisor at the Faculty of Environment and Natural Resources)

To be completed by University Freiburg