

Certificate

for the occupational internship

Name, first Name: _____ Enrolment- number: _____

has completed an internship of (at least) four months

from _____ to _____

with the following organisation/ company:

name of the organisation/company

address

contact person in the organisation/company

The following tasks were completed during the internship:

-
-
-

date, signature

stamp of the
organisation/company

To be completed by the module coordinator or the internship supervisor

The internship report has been submitted. It fulfils the requirements of the internship regulations for the master's degree programme *Religion in the Public Sphere*. 30 credit points are awarded in the Field Module.

Hannover, _____

Signature of the module coordinator of the faculty
or the internship supervisor

Stamp of the department or faculty