

Registration of a Work Placement

Name, first name: _____

Study course: ☐ BA Psychology ☐ MA Psychology ☐ Fulltime ☐ Part-time

Study semester: _____

I hereby register and apply for a work placement consisting of ____ hours / ____ ECTS credits at:

Name and address of the work placement position/facility

**International Psychoanalytic
University Berlin**

Stromstraße 1
10555 Berlin

Work Placement Coordinator
MA Psychology (English track)
Dr. Aleksandar Dimitrijevic

Name of the specialist instructor in the work placement

Professional title, specialist instructor

Studies and Teaching Office
Email: studienbuero@ipu-berlin.de

☐ The work placement position/facility is already recognised and approved by the IPU. (When in doubt, please ask the student office or internship coordinator.)

☐ I hereby request recognition and approval of the work placement position/facility by the work placement commission. I hereby enclose documents and information about the work placement position/facility.

The work placement has been approved:

signature of IPU work placement coordinator

Time period of the work placement from _____ to _____

My work placement supervisor on the part of the IPU is:

Name of the work placement supervisor at the IPU

I have agreed the following questions and issues with the supervisor, which I would like to explore on the basis of my observations at the work placement practice, as well as of the consolidation of my theoretical knowledge at the work placement:

Place, date

Signature, work placement student

Place, date

Signature, work placement supervisor at the IPU

Confirmation of the work placement position/facility: We are prepared to conduct and provide instruction for the work placement under the specified conditions.

Place, date

Signature, manager/instructor at work placement