

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

Name of the specialist instructor in the work placement Professional title, specialist instructor

- 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 or brief information about the work placement position/facility.

Signature, work placement coordinator at the IPU

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

**International Psychoanalytic
University Berlin**

Stromstraße 1
10555 Berlin

Work Placement Coordinator
Prof. Aleksandar Dimitrijevic

Studies and Teaching Office
Tel.: +49 30 300 117-540
E-Mail: studienbuero@ipu-berlin.de

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