

# Confirmation of a Work Placement

Name, first name: \_\_\_\_\_

Study course: MA Psychology  
M.A. Psychology Focusing on Organisation. Transformation  
Processes in Work, Society and Environment

Study semester: \_\_\_\_\_

**International Psychoanalytic  
University Berlin**  
Stromstraße 1  
10555 Berlin

## 1. Certification by the Work Placement Position/Facility

Work placement consisting of \_\_\_\_\_ hours is hereby confirmed.

Work Placement Coordinator  
Prof. Dr. Gavin Sullivan

\_\_\_\_\_  
Name and address of the work placement position/facility

Studies and Teaching Office  
Email:  
[studienbuero@ipu-berlin.de](mailto:studienbuero@ipu-berlin.de)

\_\_\_\_\_  
Name of the specialist instructor in the work placement

\_\_\_\_\_  
Professional title, specialist instructor

Time period of the work placement from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature, manager/instructor at work placement

## 2. Certification by the Work Placement Supervisor

\_\_\_\_\_  
Name of work placement supervisor at the IPU

After prior consultation with the supervisor, I explored the following questions and issues in depth during my work placement and presented the observations/results of same in the work placement report:

\_\_\_\_\_  
Date of submission of the work placement report to the IPU Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature, work placement supervisor at the IPU

## 3. Certification by the Work Placement Coordinator

The above-named professional work placement is hereby acknowledged and approved with 15 ECTS credit points. The work placement module was successfully completed.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature, work placement coordinator at the IPU