

Confirmation of a Work Placement

Name, first name: _____

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

Study semester: _____

**International Psychoanalytic
University Berlin**

Stromstraße 1
10555 Berlin

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

1. Certification by the Work Placement Position/Facility

Work placement consisting of _____ hours is hereby confirmed.

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

Name and address of the work placement position/facility

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:

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