**Annex 1**

Confirmation of Supervision during an internship

Last name, first name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme of Study [ ]  Bachelor Psychology [ ]  Master Psychology

[ ]  Modul Nr. 3600 – Internship: Co-therapy in behavioral medicine (BA)

[ ]  Modul Nr. 3700 – Practical Training (BA)

[ ]  Modul Nr. 5300 – Professional Internship (MA)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that I agree to act as the supervisor during the internship of the student named above in accordance with the programme regulations of the University of Lübeck. The student will be able to complete an internship during the period from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Furthermore, I confirm that I am qualified to act as a supervisor and that I hold a graduate degree in psychology or medicine (psychiatrist/neurologist).

 Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lübeck, den \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp and signature of supervisor: Signature: representative of internship
Site of Internship Universität zu Lübeck

**Annex 2**

Confirmation: Completion of Supervision

Last name, first name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme of Study [ ]  Bachelor Psychology [ ]  Master Psychology

[ ]  Modul Nr. 3600 – Internship: Co-therapy in behavioral medicine (BA)

[ ]  Modul Nr. 3700 – Practical Training (BA)

[ ]  Modul Nr. 5300 – Professional Internship (MA)

The student named above completed an internship at our clinic in accordance with the programme regulations of the University of Lübeck during the period from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

During this period, the student completed \_\_\_\_\_\_\_\_hours of practical training.

Times absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lübeck, den \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp and signature of supervisor: Signature: representative of internship
Site of Internship Universität zu Lübeck

**anlage 3**

angaben zum praktikumsbericht

Nachname, Vorname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matrikelnummer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Studiengang \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Modul Nr. 3600 – Praktikum: Co-Therapien in der Verhaltensmedizin (BA)

[ ]  Modul Nr. 3700 – Berufspraktikum (BA)

[ ]  Modul Nr. 5300 – Berufsbezogenes Praktikum (MA)

□ Der Praktikumsbericht enthält keine personenbezogenen Angaben.

□ Ich stimme einer Auslegung meines Praktikumsberichts im Büro der oder des Praktikumsbeauftragten zum Zwecke der Ausbildung zu. Psychologiestudierende haben dann die Möglichkeit im Vorwege ihrer Praktika anhand der Berichte eine geeignete Praktikumsstätte zu finden.

Lübeck, den \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unterschrift