

## **Registration Internship (BFP)**

(To be submitted to [service@plaz.upb.de](mailto:service@plaz.upb.de))

Registered on: (to be filled in by PLAZ):

Surname, Name: \_\_\_\_\_

Matr. No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

**B.Ed. (B.Sc.)**    Primary Schools    Lower Secondary Schools (HRSGe)    Higher Schools (GyGe)  
for:    Vocational Schools    Special Educational Needs

Subjects: \_\_\_\_\_

I am registered in PAUL for the internship (BFP) and grading (also necessary for consideration after the internship) / Ich habe mich in PAUL für das BFP und für die Leistung angemeldet. (Auch bei Berücksichtigung notwendig.)

I have read the information sheet about the insurance coverage abroad.

<b>To be filled in by the institution/company</b>	<p>I hereby certify that Mr. / Ms. .... will undertake an internship (BFP) of at least 60 hours at our institution.</p>
	<p>Institution/Project: _____ Address/Country: _____ E-mail: _____ Telephone: _____</p> <p>The internship will take place:   <input type="checkbox"/> during the semester: Semester 1 (Oct – Jan) _____ or semester 2 (April – July) _____  <input type="checkbox"/> during the holidays from _____ to _____ (at least four weeks)</p>
	<p>Date, signature</p>
<b>To be filled in by the academic supervisor</b>	<p>I hereby confirm the supervision of the portfolio of Ms./Mr. ....</p>
	<p>Surname, First Name, Title: _____ Faculty/Subject: _____</p>
	<p>Date, Signature</p>