

Registration Internship (EOP) Bachelor of Education (or Bachelor of Science)

Surname: _____ **Name:** _____ **Matr.No.:** _____



E-mail: _____

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

Subjects:

Subjects - Types of special educational needs: Emotional and Social Development Learning Language

Enrolment in the above mentioned B.Ed. (B.Sc.) Course (semester, year):

Country of Internship: _____ School-E-mail: _____

- I have read the information sheet about the insurance coverage abroad.
- I am aware that participating in the preparatory workshop for an internship abroad is obligatory.

To be filled in by the school	I hereby confirm that Mr. / Ms. can undertake a five-week internship at our school. from to.....
	Name of the school: Address of the school:
	Date, stamp and signature Headmaster/Headmistress or Mentor

- I hereby confirm that I have never attended the above mentioned school as a student myself. I hereby confirm that all information concerning my enrolment in the above indicated B.Ed. are correct.

(Date)

(Signature student)

To be filled in by PLAZ: processed in PAUL + DB