

**Faculty 8**  
**International Relations M.A. program**

**Registration for the internship in the International Relations M.A. program**

Mr./Mrs: \_\_\_\_\_  
(Surname, first name)

Address: \_\_\_\_\_  
(Street, postal code, city)

Matriculation No.: \_\_\_\_\_ Semester of study: \_\_\_\_\_ hereby registers for an internship at

\_\_\_\_\_  
\_\_\_\_\_  
(Name and location of the internship institution; address; contact person)

from the: \_\_\_\_\_ to the: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of the representative in the institution)

\_\_\_\_\_  
(Signature of the applicant)

**Confirmation of the internship supervisor**

Bremen, the \_\_\_\_\_  
\_\_\_\_\_  
(Signature and stamp)

**Confirmation of the institution**

Mr./Mrs.: \_\_\_\_\_  
(Surname, first name)

has in the period from \_\_\_\_\_ to \_\_\_\_\_ completed an  
internship with us in accordance with the applicable legal standards.

\_\_\_\_\_  
(Address or stamp of the institution)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)