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| |  |  | | --- | --- | | **Approval of internship** | **Department of Communication and Psychology** Nordkraft, Teglgaards Plads 1 9000 Aalborg  Contact person  Lis Kragh  Phone: 99 40 73 59  E-mail:  IKP-Psykologi-Praktik@hum.aau.dk | |

What program are you going to:

Date: 13-12-2021

In 20\_\_ have (name of the student):

(Study number):

Completed an internship according to: Guidance for professional contract / internship here at:

(Name of the internship site):

(Internship address):

In this course has

(Insert name):       acted as internship supervisor and supervisor

(Insert email address):

The internship is assessed as "satisfactorily completed" if the following is met (tick):

Minimum 80% attendance during the internship period:

Participated in the offered supervision min. 80% of the time:

Not satisfactorily implemented:

After the internship, the approval form must be filled in electronically with your name and sent to the internship secretary Birgitte Skovsgaard: bsk@hum.aau.dk

(Date): (internship supervisor approval):

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