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| **Approval of internship** | **Department of Communication and Psychology**Nordkraft, Teglgaards Plads 19000 Aalborg Contact personLis KraghPhone: 99 40 73 59E-mail: IKP-Psykologi-Praktik@hum.aau.dk |

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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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