Registration Internship (BFP)
(To be submitted to service@plaz.upb.de)

Surname, Name:_________________________
Matr. No.:______________________________
Mobile No.:______________________________E-mail:______________________________

B.Ed. (B.Sc.)  □ Primary Schools □ Lower Secondary Schools (HRSGe) □ Higher Schools (GyGe)
□ 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.

I hereby certify that Mr. / Ms. …………………………………………………………………… will undertake an internship (BFP) of at least 60 hours at our institution.

Institution/Project:________________________________________________________________
Address/Country:________________________________________________________________
E-mail:______________________________Telephone:______________________________

The internship will take place:  □ during the semester: Semester 1 (Oct – Jan) ________ or semester 2 (April – July)____________

□ during the holidays from __________ to ___________ (at least four weeks)

Date, signature

I hereby confirm the supervision of the portfolio of Ms./Mr. ………………………………………

Surname, First Name, Title:________________________________________________________________
Faculty/Subject:________________________________________________________________

Date, Signature