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)