

## Internship Agreement

The internship agreement must be submitted to the Center for Teacher Education at least 14 days before the start!

### Personal details

Student ID no. \_\_\_\_\_ Mobile no. \_\_\_\_\_  
 Last name \_\_\_\_\_ Type of school \_\_\_\_\_  
 First name \_\_\_\_\_ Subjects \_\_\_\_\_

### Seminar details

Instructor \_\_\_\_\_ WS/SS \_\_\_\_\_  
 Course no. \_\_\_\_\_ In case of incorrect information, the confirmation will be withdrawn!

### Internship details

Period from \_\_\_\_\_ to \_\_\_\_\_

- Aptitude and First School Experience 2016 (at least 5 wks. and 150 hrs.)  
 Vocational Field Experience 2016 (at least 4 wks. and 140 hrs.)  
 Older study regulations \_\_\_\_\_ (please specify internship)

With my signature, I confirm that ( please mark all applicable boxes)

- I have read the corresponding internship regulations and legal notices.  
 I will promptly notify the Center for Teacher Education via email in case of illness or if changes occur (e. g. internship period).  
 I plan the working hours in the internship and the times of university courses in such a way that they do not overlap.  
 I have written confirmation from the instructor of continued supervision if the seminar was held more than two semesters ago.  
 I have not attended this school as a pupil (AFSE candidates only).  
 I will hand in the confidentiality statement, instructions on the § 35 Infection Protection Act, and proof of my measles vaccination no later than the first day of my internship at the school (AFSE candidates only).

Signature \_\_\_\_\_

### To be completed by the school/learning facility

Institution \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Street \_\_\_\_\_ Acad. Qualification \_\_\_\_\_  
 Postal code | City \_\_\_\_\_ Phone no. \_\_\_\_\_  
 Project (if appl.) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Stamp \_\_\_\_\_

### Center for Teacher Education

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 Email: praktika.zlb@uni-muenster.de

Vom ZLB auszufüllen

- geprüft  erfasst