

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 _____ In case of incorrect information, the confirmation will be withdrawn!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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Vom ZfL auszufüllen

- geprüft erfasst