

universität freiburg

Internship Certificate

Internship provider _____

Name (student) _____

has accomplished an internship from _____ to _____ (= ____ weeks and _____ hours)

according to the examination regulations of the degree program Master of Science (please tick off below)
at the Faculty of Environment and Natural Resources of the University of Freiburg.

Forstwissenschaften/ Forest Sciences

Umweltwissenschaften/ Environmental Sciences

Times of absence: _____

Content of the internship:

Place, Date _____

Signature of the supervisor of the internship provider

stamp