



Internship Confirmation

Internship provider _____

Name (student) _____

has accomplished an internship from _____ to _____ (= ___ weeks and _____ hours)
according to the examination regulations of the degree programme Master of Science (please tick off)

- Forstwissenschaften/ Forest Sciences
 Umweltwissenschaften/ Environmental Sciences

at the Faculty of Environment and Natural Resources of the University of Freiburg.

Times of absence: _____

Contents of the internship:

Place, Date _____

Signature of the supervisor of the internship provider

stamp

This is to certify the above mentioned internship is accepted
with _____ weeks and _____ Credit-Points (ECTS)

(Date and signature of the internship authority of the faculty)