

Registration for the module „Internship Plus – Competence Training and Vocational Field Orientation“



Zentrum für
Schlüsselqualifikationen

I hereby register bindingly for the above mentioned module.

Last name: _____ First name: _____

Matriculation number: _____

Degree program: B.A. B.Sc. Polyv. dual-major B.A./B.Sc.

Major: _____ Semester: _____

2nd major/minor: _____ Semester: _____

E-Mail: _____

User name Uni account / ILIAS _____

I will do my internship with the following institution:

Institution: _____

Address: _____

Contact person: _____

Phone number: _____ Email: _____

Area of deployment: _____

Time period: from _____ to _____

Four-week internship with an **overall duration of at least 140 hours**

Six-week internship with an **overall duration of at least 210 hours**

Please explain why you have chosen this institution for your internship:

Please return the completed form by e-mail to
praktikumsmodul@zfs.uni-freiburg.de

Translated by



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EUROPEAN UNIVERSITY