



Internship Certificate

Internship provider _____

Name (student) _____

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

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:

Comments:

Place, Date _____

Signature of the supervisor of the internship provider

stamp