

**Application for approval of an internship
outside Mecklenburg-Western Pomerania**
In *Primary School Teaching*



Information about the student

_____ <i>Surname, First Name</i>	_____ <i>Student ID Number</i>	_____ <i>Semester</i>
_____ <i>Period of the internship</i>	_____ <i>Subject(s)</i>	

Information about the school

_____ <i>Name of the school</i>	_____ <i>Address</i>	
_____ <i>Name of the Principal</i>	_____ <i>E-mail address</i>	_____ <i>Phone number</i>
_____ <i>Name of the teacher</i>	_____ <i>E-mail address</i>	
_____ <i>Town, Date</i>	_____ <i>Signature student</i>	

Hereby the school _____ confirms, that the student
_____ can complete the internship within the specified period.

_____ <i>Town, Date</i>	_____ <i>Stamp, Signature principal</i>
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The application is granted according to § 2 sec. 2 of the internship regulations [yes] [no]
(Praktikumsordnung).

_____ <i>Town, Date</i>	_____ <i>Stamp, Signature Internship Coordinator</i>
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