



AALBORG UNIVERSITET

**Department of Communication
and Psychology**

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Approval of internship

What program are you going to:

Date: 16-06-2023

In 20__ have (name of the student):

(Study number):

Completed an internship according to: Guidance for professional contract / internship here at:

(Name of the internship site):

(Internship address):

In this course has

(Insert name): acted as internship supervisor and supervisor

(Insert email address):

The internship is assessed as "satisfactorily completed" if the following is met (tick):

Minimum 80% attendance during the internship period:

Participated in the offered supervision min. 80% of the time:

Not satisfactorily implemented:

After the internship, the approval form must be filled in electronically with your name and sent to the internship secretary IKP-Psykologi-Praktik@ikp.aau.dk

(Date): (internship supervisor approval):
