



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

LMU TEACHER EDUCATION CENTRE
INTERNSHIP OFFICE



Certificate for international school internship

personal information

Mrs/Mr _____ date of birth _____

teacher training profession _____ subject _____

time of internship: from _____ till _____

school

name of the school: _____

school address: _____

contact (mail, tel., etc.) _____

name of the supervising teacher: _____

activities

number of weekly lessons: _____ total number of lessons: _____

number of lessons given by the student: _____ classes: _____

number of reflection talks: _____

number of reflection sheets: _____

other activities:

_____ , the _____
place date

_____ signature supervising teacher

_____ signature principal

