

Katholische Hochschule für Sozialwesen Berlin

Staatl. anerk. Hochschule für angewandte Wissenschaften *Catholic University of Applied Sciences*

praxisreferat@khsb-berlin.de Tel. 50 10 10 – 19

Certificate of practical experience for students of the Bachelor's degree program in Social Work (dual) on a completed internship with an alternative social work organization

Name and surname: _____

Born on:

Matriculation number:_____

Hereby we certify that the above-mentioned person **has successfully completed** a six-week study-integrated practical activity at our institution from ______ to _____ in accordance with § 11 of the practical regulations of the BA Social Work (dual) degree program to the required extent.

Name and address of the institution:

The tasks/activities of the above-mentioned person were:

At the end, I evaluated the practical activity and the student's associated learning process with the student.

The completeness and correctness of the information is assured.

Place/Date

Signature

Stamp of the practice site

Please hand the certificate to the student.