

BADEN WUERTTEMBERG COOPERATIVE STATE UNIVERSITY STUTTGART

-SCHOOL OF SOCIAL WORK-

name of placement:

contact information of placement:

Certificate

of completing the practical training in accordance with the regulations for

Mr/Ms/Mrs:

date of birth: student number:

class of: course name:

completed the third semester placement in our institution

from: to: (date)

name of supervisor:

Places and contents of training:

department/learning venues	contents	time frame

.....
(place & date of signature)

.....
(signature of supervisor at receiving organisation)