

**Certificate for the Professional Practicum 2 (*Berufsorientierende
Praxisphase 2*) at the University of Heidelberg**

Name and Surname: _____

Bachelor's Degree
Programme: _____

Registration number
(*Matrikelnummer*): _____

Organisation/Institution:

Address:

Duration¹: _____

Contact person: _____

(date)

(Signature, office seal)

¹ Please indicate the exact duration of the practical training in working hours; minimum: 50 hours.