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|  To the Academic Supervisor |
| of the Master’s Programme |
| Dr. Dirk Meissner |
| from |
|  |

 APPLICATION

I submit for you approval the place of my research internship in

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(name of the organization, contacts, website, phone, e-mail).

Contact information of the person who supervises the internship at the place of training

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Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_

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