

*Board of Examiners*

*your reference*

*our reference*

*direct line*

*Maastricht*

Subject: Internship in Master's programme

To Whom It May Concern,

This letter is to certify that a Master student will have to do a mandatory internship as part of the Master's programme at Maastricht University, Faculty of Psychology and Neuroscience.

During the internship, the student will be enrolled as a full time Master student at Maastricht University. As soon as the student has fulfilled all the requirements of the Master's programme, the Master student will be granted a Master's degree in Psychology.

See <https://curriculum.maastrichtuniversity.nl/education/master> for more information about the courses and modules in our Master programmes.

Sincerely,



Board of Examiners FPN

*Visiting address*  
Universiteitssingel 40  
6229 ER Maastricht

*Postal address*  
P.O. Box 616  
6200 MD Maastricht  
The Netherlands

T 043-3881459  
F 043-3884575  
[www.maastrichtuniversity.nl](http://www.maastrichtuniversity.nl)  
[Bofex-fpn@maastrichtuniversity.nl](mailto:Bofex-fpn@maastrichtuniversity.nl)

Bank account: 065.76.25.418  
IBAN: NL47 INGB 0657 6254 18  
BIC: INGBNL2A

*VAT identifier EU*  
NL8064.24.357.B02