



**Informed Consent: Research Internship
M.Sc. Early Childhood Research**

Name: _____

Place of Internship: _____

Year of Internship: _____

I hereby give permission for students to view my internship report upon request from the internship coordinator.

Yes

No

I hereby give permission for students to receive my email address from the internship coordinator upon request and to contact me with any questions regarding my internship position.

Yes

No

If yes is checked: My email-address for student questions is: _____

Signature