



Agreement Student internship

1. Details of the student and sending institution

Name of the student:

Study program & degree:

Academic year:

Sending institution:

Coordinator's name and function:

Coordinator's email address:

2. Details of the host organization and internship mentor

Name of the host organization:

Details of the internship mentor

Name:

Position:

Email address:

3. Details of the internship

The internship is part of the student's study program. The sending institution will award the satisfactory completion of the internship with 8 ECTS credits.

Planned dates: from till

Average working hours per week:

Knowledge, skills and competences to be acquired:



Tasks of the student intern:

[Redacted area for student tasks]

The student will receive financial support for their internship: yes no

4. Commitment of the three parties

By signing this document, the student, the sending institution and the host organization confirm that they will abide by the principles.

the student

student's signature

[Redacted area for student date and place]

date, place

the sending institution

coordinator's signature

[Redacted area for institution date and place]

date, place

the host organization

mentor's signature

[Redacted area for host organization date and place]

date, place