

Albert-Ludwigs-Universität Freiburg
Sprachwissenschaftliches Seminar, Belfortstr. 18, 79098 Freiburg

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:		I			
Email address:					
3. Details of the internship					
The internship is part of the stude the satisfactory completion of the i		The sending institu	ition will award		
Planned dates:	from	till			
Average working hours per week:					
Knowledge, skills and competences to be acquired:					



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Tasks of the student intern:			
The student will receive financial su	upport for their internship:	yes O	no O
4. Commitment of the three pa	arties		
By signing this document, the stud	dent, the sending institution	and the host	organization
confirm that they will abide by the p	orinciples.		
the student			
student's signature	date, place		
the sending institution			
coordinator's signature	date, place		
the host organization			
	_		
mentor's signature	date, place		