

## INTERNSHIP AGREEMENT

### Intern

Last name(s)		First name(s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	
Degree programme		Academic level	Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Advanced Master <input type="checkbox"/>
Phone		E-mail	
Contact person in case of emergency		Emergency phone number	

### Sending Institution

Name		Faculty	
Department		Address	
Country		Contact person name	
Contact person Email		Contact person phone	

### Receiving Organisation/Enterprise

Company/Org. Name		Company address	
Liaison officer name		Company website	
LO function		LO department	
LO email		LO phone number	

Proposed Internship Programme		
Planned period of the internship:	From [m/y]	To [m/y]
Number of working hours per week (min. 20h):		
Internship title:		
Detailed programme of the internship		
Knowledge, skills and competences to be acquired by the intern at the end of the internship		
Monitoring plan		
Evaluation plan		

English competence of the intern (choose one and specify)	
CEFR [≥ B2]	
TOEFL ITP [≥ 550]	
TOEFL IBT [≥ 80]	
IELTS [≥ 6.0]	
The intern's language proficiency has been tested by the host company via skype (or other media) and considered sufficient	Yes, date: .../.../..... No <input type="checkbox"/>

### The sending institution

A) The internship is **embedded in the curriculum** and upon satisfactory completion of the internship, the institution undertakes to (tick where applicable):

	award the following number of credit points			
	give a grade based on	Internship certificate <input type="checkbox"/>	Final report <input type="checkbox"/>	interview <input type="checkbox"/>
	record the internship in the intern's Transcript of Records: No <input type="checkbox"/> Yes <input type="checkbox"/>			

or

B) The internship is **voluntary** and upon satisfactory completion of the internship, the institution undertakes to (tick where applicable):

	award credit points: No <input type="checkbox"/> Yes <input type="checkbox"/>	Number of credit points:		
	give a grade	Internship certificate <input type="checkbox"/>	Final report <input type="checkbox"/>	interview <input type="checkbox"/>
	Record the internship in the intern's Transcript of Records: No <input type="checkbox"/> Yes <input type="checkbox"/>			
	Record the internship in the intern's Diploma Supplement (or equivalent): No <input type="checkbox"/> Yes <input type="checkbox"/>			

### The receiving organisation/enterprise

The intern will receive a financial support for the Internship: No  Yes  €/month:

The intern will receive a contribution in kind for his/her Internship: No  Yes  please specify:

How is the Intern covered by an accident insurance?

- by receiving organisation
- by sending institution
- individually

The accident insurance covers:

- accidents during travels made for work purposes: Yes  No
- accidents on the way to work and back from work: Yes  No

Is the intern covered by a liability insurance? Yes  No

Upon completion of the internship, the organisation/enterprise undertakes to issue an "After the Internship" Certificate.

### Responsible person in the sending institution

Name	
Function	
Phone number	
E-mail	

### Responsible person in the receiving organisation/enterprise (supervisor/mentor)

Name	
Department	
Function	
Phone number	
E-mail	

### COMMITMENT OF THE THREE PARTIES

By signing this document, the intern, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed Internship Agreement and that they will comply with all the arrangements agreed by all parties.

The intern and receiving organisation/enterprise will communicate to the sending institution any problem or changes regarding the internship.

### Signatures

<b>The intern</b> Intern's signature  Date:	
<b>The sending institution</b> Responsible person's signature  Date:	
<b>The receiving organisation/enterprise</b> Responsible person's signature  Date:	