**To fill out before you start your internship**

**Internship Plan**

Name of student: ................................................................................................................................

ID number: .................................................................................................................................

Master program: ………………………………………………………………………………………………………………………..

**1. INTERNSHIP TOPIC:** ...........................................................

 (a project description and motivation must be included separately)

 Internship of 15 credits to take place from ............................... until ............................................

 The activities will be full-time / part-time, i.e. for ........... %.

Internship to be carried out at:

 Name of company ……………………………………………………………………………………………

 Address:………………………………………………………………………………………………………

Daytime telephone at company …………………………………………………………………………….

**2. SUPERVISION**

2.a Name of internship supervisor:

 Section TU/e:

 Internal address/ tel.

2.b Name of company advisor:

 Affiliation:

 Address/ tel.:

**3. CONFIDENTIALITY**

The final thesis is

[ ] Public

[ ] Confidential for two years (company-based projects only)

[ ] Confidential for five years (company-based projects only; motivated request should be attached; requires approval of the Graduate program director)

In order to successfully complete the internship, the internship supervisor and student in question hereby come to a commitment on (date) ………………………………………………………………………………………….

Signature of internship supervisor Signature of student

Section:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of the Examinations Committee, the student advisor has checked whether all of the requirements have been met to start the internship phase.

Signature of the graduate program director: [ ] Required [ ] Not required

Signed by the Academic Advisor on date ………………………………………………………………….

Signature Academic Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by the Graduate Program director on date ………………………………………………………………….

Signature of the Graduate Program director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After this document has been signed and handed in at** **CSA.MCS@tue.nl** **(or in print at MF 5.102) along with the project description and motivation, the student administration will notify both student and internship supervisor that the internship may start.**

**11/5/20**