

## To fill out before you start your internship, version 03-04-23

### Internship Plan

Name of Student:

ID number:

Master program:

#### 1. INTERNSHIP TOPIC:

(a project description and motivation must be included below)

Internship of 15 credits to take place from \_\_\_\_\_ until \_\_\_\_\_

The activities will be \_\_\_\_\_ for \_\_\_\_\_ %.

Internship to be carried out at:

Name of company:

Address:

Daytime telephone at company:

#### 2. SUPERVISION

2.a Name of internship Supervisor:

Cluster/ Expertise group:

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:

The Examinations Committee 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 Examination Committee on date:

Signature Examinations Committee:

Signed by the Graduate Program Director on date:

Signature of the Graduate Program Director:

**After this document has been signed and emailed to [CSA.MCS@tue.nl](mailto:CSA.MCS@tue.nl) along with the project description and motivation, the student administration will notify both student and internship supervisor that the internship may start.**

## **Project description and motivation**