

Internship approval Form

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 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 report 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

Date

Signature Examinations Committee

Date

Signature of the Graduate Program director

After this document has been signed and email to mcs.csa@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