

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