

## Internship Approval Plan

### To fill out before you start your Internship

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

Internship reports are never published.

In order to successfully complete the internship, the Internship Supervisor and Student in question hereby come to a commitment on (date):

Signature of Student:

Signature of the Supervisor:

The Examination Committee has checked whether all of the requirements have been met to start the Internship phase.

Signed by the Examination Committee on date:

Signature Examination Committee:

**After this document has been completed—including the project description and motivation—it should be signed and uploaded to Osiris Case. You can start the internship if/when the form is approved on Osiris Case.**

## **Project description and motivation**