

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 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
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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 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