

Internship Schedule

(to be filled out by the internship provider before the start of the internship)

Student

Name _____

Internship organisation (institution, organisation, company):

Name _____

Time period: _____ (= ____ Weeks)

1. Short description of the working place:

2. Description of the activities to be carried out during the internship:

3. Aims of the internship:

(Place, Date)

(Signature of the supervisor of the internship provider)

(Stamp)