|  |
| --- |
| **approval request**  Internship   Research |

**Student contact information**

Last Name, First Name:

Address:

Telephone:  E-mail: Student No:

**INTERNSHIP WITH REPORT**

**Company information**

Company Name       Person in charge :

Address:

Telephone:       E-mail/Website :

**Name of department :**

**Dates :** from:  to :

**Internship theme :**

**RESEARCH THESIS**

**Research theme:**

Supervision par le **Professeur**:

Last Name, First Name:

Telephone:       E-mail:

Professor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Decision of person in charge of the Master :**

**YES**, the internship/research project is approved. For the internship, the **Internship Agreement** form must be completed.

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The present document is an integral part of the Internship Agreement.**