

## Curriculum:

### Student contact details

First name/Last name:

Full address (street, city):

Mobile phone:

Email:

Student no:

### Internship thesis

Company/Institution:

Website:

Full address (street, city):

Phone:

Email:

Person in charge (Tutor):

Department:

**Start date:**

**End date:**

Employment rate (in %):

1st job experience in the company/institution:

Short description of the internship (max. 4 lines): **full job description attached:**

### Research thesis

Short description of the research topic (max. 4 lines):

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Important notes:

1) No internship can be carried out during the first semester of the programme or before validation of minimum 30 ECTS.  
Other reglementary restrictions may apply depending on the curriculum.

2) It is the student's responsibility to ensure with his/her tutor in the company/institution that the internship doesn't negatively affect other course work.

3) By signing, the student confirms meeting the requirements for carrying out an internship according to the applicable study regulations.

Student signature:

Date:

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Section to be completed by the University - Please leave blank

**Date:**

**Academic supervisor signature:**

**Programme director signature:**