VRIJE UNIVERSITEIT BRUSSEL

INTERNSHIP AGREEMENT REQUEST FORM

☐ Inside of an academic course	☐ Outside of an academic course
For the course: Internship supervisor (Mr./Ms.): Number of credits: ECTS	A voluntary internship without the guidance of an Internship Supervisor

Language in which the Internship Agreement will be drafted

☐ English / ☐ Dutch / ☐ French

I Information about the Student

First name/ last name:

Address:

Phone number: E-mail:

Nationality:

Study Programme (Bachelor/ Master, etc):

Faculty: Physical Education & Physiotherapy

Enrolment number:

Year of graduation:

II Information about the Internship Provider

Name of the company:

Address:

Department:

Contact person (Mr./Ms.):

Job title and department:

Phone number: E-mail:

Internship mentor (Mr./Ms.):

Department and job title:

Phone number: Email:

III Description of the internship

Starting date: Ending date:

Days/Timetable:

Number of full time working days:

Description of the internship duties, main tasks & required skills: