

**INTERNSHIP AGREEMENT REQUEST FORM**

<input type="checkbox"/> Inside of an academic course For the course: Internship supervisor (Mr./Ms.): Number of credits:        ECTS	<input type="checkbox"/> Outside of an academic course 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:

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 &amp; required skills: