

## Internship agreement

This document must be returned to the ELSTE coordinator <u>two weeks before the start of the internship.</u>

## Contact details

Name, first name of the student :
Registration number:
Postal address :
Phone : Email:
Name, first name of the Master Thesis supervisor :
University: Position:
Phone : Email :
Name of the host organization:
Name, fist name of the referent in the host organization:
Position:
FOSILIOIT.
Postal address :
Phone : Emaill :



## Information on the course of the internship

Start date of the internship : End date of the internship :
Duration of the internship: Activity rate :
Program of the internship
Aims of the internship :
Types of tasks done by the student:

