Internship Application Form (New / Extension)

Date (d/m/y)

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| --- | --- | --- | --- | --- |
| Affiliation |  | | | |
| Grade |  | Student No. | |  |
| Name |  | | | |
| Phone |  | e-mail |  | |
| Contact Person in Emergency | (Name) (Relationship)  (Phone) | | | |
| Internship Host Organization  (Name, Address & Phone) | (Name)  (Address)  (Phone) | | | |
| Name of Advisor at Host Organization | (Name) ㊞  (Title)  Copy of letter or e-mail providing evidence for offer of place may suffice if available. | | | |
| Duration (d/m/y) | From: To: ( work days)  Applying for: □Short-term □Short-term2 □Medium-term □Long-term | | | |
| Work Description  NB: If applying for extension, include  1) reason for extension and 2) impact on your degree program. |  | | | |
| Daily Report Format | CPNC Form / Host Organization Form | | | |
| Internship Insurance | Contract Date (m/y): Valid for: 1 / 2 year(s) | | | |
| Name of University Supervisor | ㊞  Please obtain your supervisor’s signature or seal | | | |
| Notes |  | | | |