Department of Peace and Conflict Research

INTERNSHIP ASSIGNMENT FORM

1. *Select study level and term/year below:*

|  |  |
| --- | --- |
| * BSSc Peace and Development Studies
 | * Autumn YYYY
 |
| * MSSc Peace and Conflict Research
 | * Spring YYYY
 |

1. *Please fill out the information below:*

|  |
| --- |
| FIRST NAME, LAST NAME |

**will complete a student internship with**

|  |
| --- |
| NAME OF INSTITUTION OR ORGANIZATION HOSTING THE INTERNSHIP |

**from** YYYY-MM-DD  **to** YYYY-MM-DD.

**The student agrees to complete the following tasks during the internship:**

1. *Describe the main tasks and duties:*

|  |
| --- |
|  |

1. *List the working hours:*

Working hours

**The expected days of work and working hours are:**

**The student agrees to abide by all policies and procedures of the aforementioned institution/organization.**

1. *Fill out the following information:*

**The name and contact details of the internship supervisor at the site of the internship:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City and country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Fill out* *and sign below the student and supervisor signatures:*

Signature of student intern Place and Date

Signature of supervisor Place and Date