



LUND
UNIVERSITY

AGREEMENT ON INTERNSHIP

30 higher education credits

Please sign in 3 (three) copies of which
1 to internship provider
1 to trainee
1 to course leader

Student's personal data:

Name: _____

Personal ID no. (yymmdd-xxxx): _____

E-mail: _____

Specialisation:

Psychology

Sociology

Education

Internship information:

Internship location: _____

Trainee's geographical location: _____

Internship supervisor: _____

Email: _____

Phone: _____

Internship duration: **28th of August 2017 – 21th of December 2017**

Main tasks during the internship (briefly described):

As internship supervisor I hereby certify that the internship will follow the objectives of the course provider. I certify that the student on placement will get an introduction to the place of work and will be provided with continuous supervision. A certificate of attendance and internship completion will be sent to the Department of Psychology at Lund University on completion of the internship period.

Date: _____ **Signature, internship supervisor:** _____

As a student I am fully aware that I am responsible for all financial matters related to the internship such as costs for accommodation and travel connected with the internship. On completion of the internship, I undertake to hand in a report for examination together with an evaluation to the Department of Psychology at Lund University.

Date: _____ **Signature, student** _____

As examiner for the internship I hereby approve the above-mentioned internship.

Date: _____ **Signature, course leader** _____