



LUND
UNIVERSITY

Agreement on Internship

Graduate School, Faculty of Social Sciences
15 higher education credits

Student's Personal Data

Name:	
Personal Id.Number: (yymmdd-xxxx)	
Programme and Major:	
Personal email:	
Contact in Case of Emergency:	

Internship Information

Internship organisation /work place: (no abbreviations)	
Full address:	
Country:	
Internship Supervisor:	
Email:	
Webpage:	
Phone:	
Internship duration: (specify dates)	
Main tasks during the internship:	

As internship supervisor I hereby certify that the internship will follow the intentions in the internship course syllabus. After the internship is completed a written assessment of the internship will be sent to the Graduate School at the Faculty of Social Sciences, Lund University.

City, Date and Signature, Internship Supervisor

As a student I am fully aware of the fact that I am responsible for all financial matters related to the internship such as costs for extra accommodation and travel costs connected with the internship. After the internship is completed, an independent study report together with my written assessment will be handed in to the Graduate School at the Faculty of Social Sciences, Lund University.

City, Date and Signature, Student

As Director of Studies at the Graduate School at the Faculty of Social Science, Lund University, I hereby approve of the above mentioned internship.

City, Date and Signature, Mikael Sundström, Director of Studies
