

# Agreement on Internship

Graduate School, Faculty of Social Sciences

30 higher education credits

## Student's Personal Data

|   |  |
|---|--|
| Name:                                     |  |
| Personal ID number:<br><i>yymmdd-xxxx</i> |  |
| Programme and major:                      |  |
| Personal email:                           |  |
| Contact in case of emergency:             |  |

## Internship Information

|   |  |
|---|--|
| Internship organisation<br>/work place:<br><i>No abbreviations</i>  |  |
| Full address:   |  |
| Country:  |  |
| Internship supervisor:  |  |
| Email:  |  |
| Webpage:  |  |
| Phone:  |  |
| Internship duration:<br><i>Specify dates. Must be between 18 and 20 weeks.</i>  |  |
| Main tasks during the internship:<br><i>The student is to complete 640 hours/16 weeks of work duties in the internship organization. Alongside the work duties, 160 hours/4 weeks are to be used to complete the course assignments and examinations.</i> |  |

*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 Graduate School at the Faculty of Social Sciences, Lund University.*

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City, Date and Signature, Internship Supervisor

*As a student I am fully aware of the fact that nobody but 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 and a written assessment will be handed in to Graduate School at the Faculty of Social Sciences, Lund University.*

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City, Date and Signature, Student

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

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