

Department of Peace and Conflict Research
INTERNSHIP ASSIGNMENT FORM

1. Select study level and term/year below:

- BSSc Peace and Development Studies
 MSSc Peace and Conflict Research

- Autumn YYYY
 Spring YYYY

2. 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:

3. Describe the main tasks and duties:

4. List the working hours:

The expected days of work and working hours are:

Working hours

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

5. 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: _____

6. Fill out and sign below the student and supervisor signatures:

Signature of student intern

Place and Date

Signature of supervisor

Place and Date
