# INTERNSHIP AGREEMENT

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| **SECTION 1 – PERSONAL DATA** |
| Name and Surname |  |
| Nationality |  |
| Sex | Indicate your choice |
| E-mail address |  |
| Academic position | Indicate your choice  |
| **SECTION 2 – INTERNSHIP** |
| Academic year |  |
| Sending institution, Faculty, Department |  |
| Receiving institution, Faculty, Department |  |
| Period of internship |  |
| Title of the research project to be carried out durinq the internship |  |
| Relevance and objectives of theresearch project (max. 5000 characters) |  |
| Methodology of the researchProject (max. 5000 characters) |  |
| Planned outcomes: knowledge,skills, and competence to beacquired (max. 5000 characters) |  |
| Further implementation ofoutcomes (max. 5000 characters) |  |
| Monitoring and evaluation | [x]  PROM Beneficiary is obliged to prepare a FinalReport related to the research project completed at theReceivinq Institution durinq the internship |
| **SECTION 3 – COMMITMENT OF PARTIES** |
| By signing this document, PROM Beneficiary, Receiving Institution and Sending lnstitutionconfirm that they approve the Internship Agreement.PROM Beneficiary will share his/her experience, in particular its impact on his/herprofessional development and on the Sending Institution, as a source of inspiration toothers.PROM Beneficiary and the Receiving lnstitution will communicate to the SendingInstitution any problems or changes regarding the internship. |
| PROM Beneficiary | Signature:Date: |
| On behalf of sending institution: |
| Supervisor (only PhD students) | Name:Signature:Date: |
| Head of PhD program(for PhD student) /Head of Department(for academic staff) | Name:Signature:Date: |
| Head of Institute | Name:Signature:Date: |
| On behalf of the receiving institution: |
| Receiving institution | Name:Signature:Date: |