# 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 the  research project (max. 5000 characters) |  |
| Methodology of the research  Project (max. 5000 characters) |  |
| Planned outcomes: knowledge,  skills, and competence to be  acquired (max. 5000 characters) |  |
| Further implementation of  outcomes (max. 5000 characters) |  |
| Monitoring and evaluation | PROM Beneficiary is obliged to prepare a Final  Report related to the research project completed at the  Receivinq Institution durinq the internship |
| **SECTION 3 – COMMITMENT OF PARTIES** | |
| By signing this document, PROM Beneficiary, Receiving Institution and Sending lnstitution  confirm that they approve the Internship Agreement.  PROM Beneficiary will share his/her experience, in particular its impact on his/her  professional development and on the Sending Institution, as a source of inspiration to  others.  PROM Beneficiary and the Receiving lnstitution will communicate to the Sending  Institution 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: |