

**Internship/work experience schedule** (to be filled in prior to the internship/work experience)

**1. Institution / organisation / company:**

Name of the institution \_\_\_\_\_

Department \_\_\_\_\_

Contact person / deputy \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

**2. Student**

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

**Internship/work experience period:** \_\_\_\_\_ ( = \_\_\_ weeks)

**Description of the tasks to be carried out during the internship/work experience:**

**Goals of internship/work experience:**

\_\_\_\_\_  
(Place, date)

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_  
(Stamp)

\_\_\_\_\_  
(Signature of the internship/work experience provider)