

NB: THIS IS NOT AN INTERNSHIP AGREEMENT

INTERNSHIP CONTACT FORM FOR AN INTERNSHIP ABROAD

After approval, the student must fill out the agreement form (which can be found at « P stage » on the University's intra-net), print out 5 copies and have them all signed by the required parties before the beginning of the internship.

COURSE INFORMATION

Diploma :

Course director :

Number of classroom hours not including the internship :

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Family name (legal name followed by married name):

First name :

Nationality :

French Social Security Beneficiary : ☐ YES

☐ NO (please contact University registration services)

Address during the internship :

Number :

Street:

Post code :

City :

COUNTRY :

Telephone number :

Mobile number :

E-mail address :

HOST ORGANIZATION/COMPANY

Name :

Full name and title of director:

Legal status :

☐ Public administration

☐ Non-profit

☐ Private company

☐ Other (please describe) :

Address :

Number:

Street :

Postal code :

City:

Country :

Email address :

Sector:

Department Ofinternship :

Name and title of department head :

Internship address (if different from company address) :

Number :

Street:

Postal code :

City :

COUNTRY:

DURATION, SALARY AND NATURE OF INTERNSHIP**Internship dates :**

The internship will take place from:

□□/□□/□□□□ To □□/□□/□□□□

Breaks (e.g. closures, holidays, exams, etc) from

□□/□□/□□□□ To □□/□□/□□□□

Contract type :☐ Full time (35hrs per week)☐ Part time : please indicate number of hours per week :

Total number of hours (if known) :

Total number of hours at workplace:

□□□

Number of hours at night, on Sundays, or on holidays :

Authorized absences for days off or holidays:

Salary : ☐ NO ☐ YES, amount :**Intern's title :****Detailed description of expected tasks and duties :****Skills to be developed and acquired during internship :****INTERNSHIP TUTORS****University Tutor**

Full name :

Title :

Department

Email address :

Date and signature of Université d'Artois tutor :

Professional tutor

Full name :

Title

Department

Phone

number :

Email addressl :

Date and signature of company or organization tutor :