



APPLICATION FOR PERIOD OF INTERNSHIP

Name & surname of intern:		Date of birth:		
Address:		enrolment no.:		
Postcode/locality:		semester:		
Locality of internship	Date of the internship offer _____ (if the internship offer was found in the database on the website of the Careers Advisory Service)			
	Firm/institution: _____			
	Number of employees indefinitely engaged _____			
	Number of interns _____			
Address	Street & no.:	Postcode/town:		
	Province:	Country:		
	Tel. no. (incl. international/local prefix):		Fax:	
	Web address:		E-mail:	
Member of following association/ group*				
Company tutor for internship period	Name/Department:	Tel. no.	E-mail:	
Industry sector	<input type="checkbox"/> Communication and marketing		<input type="checkbox"/> Services	
	<input type="checkbox"/> Culture and education		<input type="checkbox"/> Other:	
Skills required of intern	Foreign languages:	Information technology	Other	
	<input type="checkbox"/> English	<input type="checkbox"/> Word processing	<input type="checkbox"/>	
	<input type="checkbox"/> German	<input type="checkbox"/> Spreadsheets	<input type="checkbox"/>	
	<input type="checkbox"/> Italian	<input type="checkbox"/> Other:	<input type="checkbox"/>	
	<input type="checkbox"/> Other:			
Internship department	<input type="checkbox"/> Personnel &	<input type="checkbox"/> Data processing	<input type="checkbox"/> Education	
	<input type="checkbox"/> Marketing/PR	<input type="checkbox"/> Customer service	<input type="checkbox"/> Other:	
Monthly salary*	Amount:	Currency:	Equivalent in €:	
Accommodation*	<input type="checkbox"/> free	<input type="checkbox"/> rent	<input type="checkbox"/> own responsibility	
Dates of internship:	from:	to:		
Notes				
Signature of intern				
Name and signature of University tutor	Name:	Signature:		
Name and signature of company tutor	Name:	Signature:		

*if relevant

Place/date: _____