

Bachelor Thesis Information Form

In order to have your internship agreement issued, you must send this form to berengere.loustaud@polytechnique.edu with the following documents :

- the HR approval of the information below (an email of confirmation),
- a liability insurance certificate,
- health coverage insurance certificate for all internships abroad (Europe : copy of the EU social security card. Beyond EU : include a medical and repatriation insurance certificate).

From: To: Interruption period: ☐ no ☐ yes:

Internship title:

Activities assigned:

Stipend (excluding benefits offered): ☐ minimum in France (3.75€/h) or ☐ other:

THE INTERN

Last name: First name:

@ : ☎ :

Social security affiliation organization:

THE HOST ORGANIZATION

Name:

Address: State/Country:

Department to which the intern is assigned and address:

Address if there is another place:

@ signatory of the agreement: ☎ signatory of the agreement:

@ HR contact: ☎ HR contact:

THE INTERNSHIP TUTOR OF THE HOST ORGANIZATION

Last name: First name:

Role:

@ : ☎ :

THE REFERENT INSTRUCTOR

Last name: First name:

@ : ☎ :

Data Privacy Notice

The data gathered in this form is subject to personal data processing. This data is saved in a computer file under the responsibility of École Polytechnique. The collected data is used for establishing your internship agreement. The data will be kept for the duration of your studies and 5 years more in case you need a certificate. In accordance with Regulation (EU) 2016/679 of the European Parliament on the protection of natural persons with regard to the processing of personal data, you may exercise your right to access any data concerning you in order to have it corrected or deleted by contacting the internship department. For any queries about personal data processing that falls under the responsibility of École Polytechnique, contact the Data Protection Officer: dpd@polytechnique.fr. You may also file a complaint with the French Data Protection Authority (CNIL): Service des plaintes 3 Place de Fontenoy TSA 80715 75334 PARIS CEDEX 07 Tél : 01 53 73 22 22.