

Internship form

Internship subject :
 From : To : Interruption period : ☐ no ☐ yes :
 Activities assigned :
 Stipend (excluding benefits offered) :
 Number of employees in the company/laboratory :

THE INTERN

Last Name : First Name :
 Title of the degree program taken :
 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 :
 @ : ☎ :

You have to send this .pdf to the host organization (the HR contact and the tutor) for approval by email.

In order to complete your file before bring it to SOIE :

- include emails from the host organization,
- include your liability insurance certificate,
- include your health coverage insurance certificate for all internship abroad (Europe : copy of the EU social security card. Beyond EU : include medical and repatriation insurance certificate)

Signature of the referent instructor :