

## Internship contract

This form needs to be returned to the office of the internship coordinator for final approval before the **first day of class of the semester** the internship or combined internship-capstone will be carried out. **One week before the defense**, the student should submit to his/her SSE supervisor, the second reader and the internship coordinator, soft copies of the final report and an approved Exit Test portfolio. If requested in writing by the supervisor and/or second reader, soft copies may be substituted by hard copies. The student commits to respect the above-mentioned deadlines.

Name of student: \_\_\_\_\_ Phone number: \_\_\_\_\_

Degree program: ☐ BSMS ☐ BSGE ☐ BSCS ☐ BSEMS

Number of credits earned by the end of the semester of internship or combined internship-capstone application: \_\_\_\_\_

Type of internship: ☐ Regular internship, 3 SCH ☐ Combined internship-capstone, 7 SCH

Semester(s) the internship will be carried out: \_\_\_\_\_

Semester of the internship defense: \_\_\_\_\_ **← Important:** You should have your internship course registered in the semester of the defense.

Name of supervisor from SSE: \_\_\_\_\_

Name, location, phone number of the company: \_\_\_\_\_

Name of supervisor from the company: \_\_\_\_\_

Company email address of the supervisor: \_\_\_\_\_

**Start and End dates of internship:** [at least 2 consecutive months for internship or 4 consecutive months for combined internship-capstone; 8 hours per day, 5 days a week of physical presence in the host company]. **Cannot be a Saturday or Sunday. Make up days for public holidays must be included.**

**Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

Brief description of the duties/activities of the intern and list of deliverables:  
(Attach an additional sheet if needed. This part should be written in English; if not, please attach its translation to the contract)

Brief description of the knowledge/skills the intern would have acquired by the end of the internship:

Student Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Supervisor Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company stamp:

SSE Supervisor Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship coordinator: \_\_\_\_\_ Date: \_\_\_\_\_