

APPROVAL FORM

CEMS INTERNSHIP

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| **INTERN** |
| Name: |       |
| First name: |       |
| Home school/ University: |       |

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| **COMPANY** |
| Company name: |       |
| Address: |       | Tel: |  |
| City: |       | Fax:  |       |
| Postal Code: |       | Country: |       |

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| **INTERNSHIP** |
| Starting date (dd/mm/yyyy): |       | Ending date (dd/mm/yyyy): |       |
| Place of internship if different from company address above: |       | Country: |       |
| Job description during the internship: |
|       |