

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: | | | |
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