Application form for Internship

**You can only fill in digitally.**

**The form must be sent to** [**szakmaigyak@mik.uni-pannon.hu**](mailto:szakmaigyak@mik.uni-pannon.hu) **after the signature.**

|  |  |
| --- | --- |
| **PERSONAL DATA OF STUDENT** | |
| **Name:** | Please, fill it out. |
| **NEPTUN code:** | Please, fill it out. |
| **Course:** | Please, fill it out. |
| **Program (full time or part time):** | Please, fill it out. |
| **Phone number:** | Please, fill it out. |
| **E-mail address:** | Please, fill it out. |

|  |  |
| --- | --- |
| **INTERNSHIP DATA** | |
| **Name of Company:** | Please, fill it out. |
| **Address of company:** | Please, fill it out. |
| **Name of Supervisor:** | Please, fill it out. |
| **Position of Supervisor:** | Please, fill it out. |
| **Contact information of Supervisor:** | **Phone number:** Please, fill it out.  **E-mail address:** Please, fill it out. |
| **Special filed of Internship:** | Please, fill it out. |
| **Place of Internship:** | Please, fill it out. |

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| **PERIOD OF INTERNSHIP** | |
| **Beginning:**  Date | **End:**  Date |

|  |  |
| --- | --- |
| **DECLARATIONS** | |
| **The student agrees on completing the internship at the above named company/institution.** (signature) |  |
| **The company/institution agrees to accepts UoP FoIT’a processorder, signs the necessary Cooperation/complementary agreement and verifies the Application form for Internship for the student.** (aláírás + bélyegző) |  |

**Date:** Date

**This page is to be filled out in case of tertiary vocational training only!**

**Tasks and activities during the internship:**

|  |
| --- |
| Please, fill it out. |

**Professional activities, exercises: Period:**

|  |  |
| --- | --- |
| Please, fill it out. | Please, fill it out. |
| Please, fill it out. | Please, fill it out. |
| Please, fill it out. | Please, fill it out. |

**Date:** Date

**Signature by company supervisor L.S.**

**Signature by stundent**

**University’s opinion:**

**I** Please, select one of the following. **in the stundent’s Internship the following in the marked field.**

**Date:** Date

**Signature by head of school**