

Form I: Application form (PPE internship)

Student: before the start of the internship period, fill out this form and send it to your internship supervisor (VU).

General information	
Name student:	Student number:
Name and location internship organization:	
Name academic advisor (at the VU):	
Name internship mentor (at the organization):	
Preparatory meeting held on:	
Internship learning objectives: <ul style="list-style-type: none">•	
Starting date internship:	
Finishing date internship (planned):	
Separate internship agreement with organization? YES/NO	(if YES, enclose a copy)

Remarks

Student
Signature:

Date:

Academic advisor (at the VU)
Signature:

Date:

Internship mentor (at the organization)
Signature:

Date:

Internship coordinator (at the VU)
Signature:

Date: