

**Internship portfolio Science Masters**  
**Faculty of Medicine VU (Oncology / Personalized Medicine)**

## Internship portfolio

Student name		Student number	
Master Program*	Oncology / Personalized Medicine		
Title Internship			
Internship*	Minor / Major		
Institute*	Internal / External		
Date			

\*please tick where appropriate

## Contents

- (A) List of Agreements page 3
- (B) Research Proposal page 4
- Digital Interim Assessment page 5
- Digital Evaluation Placement page 6
- Digital Copy Report (send separately)

## Internship portfolio Science Masters Faculty of Medicine VU (Oncology / Personalized Medicine)

### Summary

This portfolio contains all the forms required for the completion of an internship as part of the Science Masters at the Faculty of Medicine VU Amsterdam. The student is advised to save and check the entire portfolio and use it as a guideline during the course of an internship.

During the internship, copies of the different forms must be sent to either [masteroncology.vu@amsterdamumc.nl](mailto:masteroncology.vu@amsterdamumc.nl) (master Oncology) or [masterpersonalizedmedicine-vu@amsterdamumc.nl](mailto:masterpersonalizedmedicine-vu@amsterdamumc.nl) (master Personalized Medicine). At the end of the internship, the student must check all boxes on the first page of the portfolio and hand in the digital version of the complete portfolio via email to the above mentioned email addresses.

#### Time line

The student is responsible for contacting a department and requesting an internship placement. If the student is planning to perform an internship outside Amsterdam UMC, the student is also responsible for contacting an internal Amsterdam UMC supervisor.

When a department accepts the student for an internship, the following steps need to be taken:

1. Before starting the internship, the *Student* needs to ask for approval from the Examination Board via the digital [Approval Form](#) ([https://fd20.formdesk.com/vuamsterdam/approvalform\\_minor\\_major\\_ScienceMasters](https://fd20.formdesk.com/vuamsterdam/approvalform_minor_major_ScienceMasters))  
Note: The student needs to have passed 3 out of the 4 compulsory courses before an internship can be approved or started.
2. The *Student* must also register the internship on VUnet.
3. The *Internship Assessor* needs to confirm the placement.
4. The *Examination Board* decides whether the internship will be approved.
5. When approval has been granted, the student is permitted to start the internship.
6. Within 2 weeks after the start of the internship, the *Student* hands in a copy of the **List of Agreements (A)** to either [masteroncology.vu@amsterdamumc.nl](mailto:masteroncology.vu@amsterdamumc.nl) or [masterpersonalizedmedicine-vu@amsterdamumc.nl](mailto:masterpersonalizedmedicine-vu@amsterdamumc.nl)
7. After 6 weeks, the *Student* hands in a copy of the **Research Proposal (B)** to either [masteroncology.vu@amsterdamumc.nl](mailto:masteroncology.vu@amsterdamumc.nl) or [masterpersonalizedmedicine-vu@amsterdamumc.nl](mailto:masterpersonalizedmedicine-vu@amsterdamumc.nl) and the student and supervisor have to fill in the digital **Interim Assessment form**: [https://fd20.formdesk.com/vuamsterdam/Interim\\_Assessment\\_Internship](https://fd20.formdesk.com/vuamsterdam/Interim_Assessment_Internship)
8. Halfway, the *Student* should give a **Presentation**.
9. At the end of the internship, the *Student* gives a **Final Presentation**, hands in the **Report**, and has the *Supervisor* and *Assessor* complete the digital **Assessment Form**: [https://fd20.formdesk.com/vuamsterdam/Assessment\\_form\\_internships\\_ScienceMasters](https://fd20.formdesk.com/vuamsterdam/Assessment_form_internships_ScienceMasters) .  
In addition, the *Student* fills in the **Online Placement Evaluation (D)**.
10. When all the assessment forms have been completed, the *Student* must hand in a **digital copy of the Report and internship portfolio** to either [masteroncology.vu@amsterdamumc.nl](mailto:masteroncology.vu@amsterdamumc.nl) or [masterpersonalizedmedicine-vu@amsterdamumc.nl](mailto:masterpersonalizedmedicine-vu@amsterdamumc.nl).
11. The *Internship Examiner* will appoint an *Independent Assessor* to separately assess the report.
12. When the portfolio is complete and the grades are sufficient, the *Examination Board* will approve the internship and the student will be granted the assigned credits.

Supervisor = Day-to-day supervisor

Assessor = Principal Investigator/Head of the department/Professor

Internal VUmc supervisor = VUmc-employed expert in case of external internship (outside VUmc)

Internship examiner = VU-appointed official responsible for internship examination

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## (A) List of Agreements

General information			
Student Name			
Student number		Cohort Year	
Title			
Supervisor (Daily supervision)			
e-mail			
Assessor (Principal investigator)			
e-mail			
Institute			
Department			
Amsterdam UMC assessor			
e-mail			

Agreements			
<i>Use Regulations for Internships to complete this form</i>			
Start date			
End date			
Interruptions	From:	To:	
	From:	To:	
Required courses prior to internship			
Daily working hours			
Courses during internship			
Oral presentations	1st presentation		
	2nd presentation		
Student - Supervisor meetings	Supervisor (minimally 1x/week)		
	Assessor (minimally 1x/month)		
Interim assessment date			

Signatures		
<i>Signature Supervisor</i>	<i>Signature Assessor</i>	<i>Signature Student</i>
<i>Date</i>	<i>Date</i>	<i>Date</i>

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## (B) Research Proposal concept

Your Research Proposal should have the following form:

<b>1. Student information</b>	<i>Name student:</i> _____ <i>Student number:</i> _____  <i>Name Assessor:</i> _____  <i>Institute:</i> _____ <i>Department:</i> _____  <i>Date:</i> _____
<b>2. Title of the project</b>	
<b>3. Summary (1 paragraph)</b>	
<b>4. Description of the proposed research</b> <b>4.1 Introduction</b> (ca. 1 page) (problem definition & relevance) <b>4.2 Aim, objectives &amp; hypothesis</b> <b>4.3 Research Plan (approach, time line, feasibility, backup plan)</b> <b>4.4 Methodology</b> (ca. 2 pages)	
<b>5. List of references</b>	
<b>6. Start, finish and time schedule</b>	<i>Start</i> _____  <i>Finish</i> _____  <i>Time Schedule</i> _____
<b>7. Signature</b>	<i>I hereby declare that I have completed this form truthfully</i>  <i>Name student:</i> _____ <i>Date:</i> _____

Please return the form, completed and signed, via e-mail (**submit the form in PDF format**) to [masteroncology.vu@amsterdamumc.nl](mailto:masteroncology.vu@amsterdamumc.nl) / [masterpersonalizedmedicine-vu@amsterdamumc.nl](mailto:masterpersonalizedmedicine-vu@amsterdamumc.nl)

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## Digital Interim Assessment

Fill in the digital interim assessment form via the following link (assessor and student) 6 weeks after the start date: [Interim assessment Internship \(formdesk.com\)](https://www.formdesk.com/vuamsterdam/internshipOC)

## Digital Placement Evaluation

Fill in the digital evaluation form via the following link:  
<https://www.formdesk.com/vuamsterdam/internshipOC>