**Intake form BSc, MSc research and Internship**

**Appendix 5**

**Intake form Student research and Internship Date:**

Fill in (by student)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Full name** | | | |  | | | | | | | | | | | | | | | | | | |
| **Telephone number** | | | |  | | | | | | | | | | | | | | | | | | |
| **Student registration number** | | | |  | |  |  | |  | |  | | |  |  |  | |  |  | |  |  |
| **Field of study** | | | |  | | | | | | | | | | | | | | | | | | |
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| * **Student research** | | | * **Internship** | | | | | | | | | | | | | | | | | | | |
| **Credit points** |  | | | | | | | **ECTS** | | | |  | | | | | | | | | | |
| **Expected starting date of research** | | | | |  | | | | | | | | | | | | | | | | | |
| **Preference of subject**  **(in entries)** | | | | |  | | | | | | | | | | | | | | | | | |
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| **Contact with potential supervisor (company)** | | | | | | | | | | | | | | | | | * *Yes* | | | * *No* | | |
| **Organization** | |  | | | | | | | | **Name** | | |  | | | | | | | | | |

Fill in:

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| --- | --- |
| **Name supervisors** |  |
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