**Appendix 11. Student record form Academic Internship**

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student registration no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | | **Required Information and signatures:** |
| * Registration date: | |  |
| * Total number of credits: | |  |
| * Title of research: | |  |
| * Name and telephone number of scientific supervisor: | |  |
| * Name and telephone number of scientific co-supervisor: | |  |
| * Expected starting date of internship: | |  |
| * Expected completion date of internship: | |  |
| * Name and address of company/ department: | |  |
| * Name of company/department supervisor: | |  |
| * Telephone number of company/department supervisor: | |  |
| * Company/ department telephone number where student can be reached: | |  |
| **Submission completed financial reimbursement form** | |  |
| **Participation in MST final research/Internship colloquia** | |  |
| * Title: | | Date: |
| * Name and signature of instructor: | |  |
| * Title: | | Date: |
| * Name and signature of instructor: | |  |
| * Title: | | Date: |
| * Name and signature of instructor: | |  |
| **Co-referent in MST final research/Internship colloquium** | |  |
| 1 | * Name of student and title of colloquium: | Date: |
| * Name and signature of instructor: |  |
|  | |  |

|  |  |  |
| --- | --- | --- |
| **Approval of draft of final internship report** | |  |
| * Signature of scientific supervisor: | | Date: |
| * Signature of scientific co-supervisor: | | Date: |
|  | |  |
| **Date of final internship colloquium and oral examination** | |  |
| **Final mark for internship project** | |  |
| * Signature of scientific supervisor: | Date: |  |
| * Signature of scientific co-supervisor: | Date: |  |
| * Signature of company supervisor | Date: |  |
| * Signature of department professor: | Date: |  |