**BIL Internship Contract 2018**

1. **General info[[1]](#footnote-1)**

|  |  |  |
| --- | --- | --- |
| **Student particulars** | | |
| **Last name** |  | |
| **Name** |  | |
| **Registration number** |  | |
| **Study program** |  | |
| **Phone number** |  | |
|  | | |
| **Internship planning** | | |
| **Country + region** |  | |
| **Date of departure** |  | |
| **Date of return** |  | |
| **Exact period of stay at the internship** | **From:** | **Until:** |
|  |  |
|  | | |
| **Travel permission** | | |
| **Travel advise (colour code) by Ministry of Foreign Affairs upon departure:** |  | |
| **In case of code yellow: have you obtained travel permission from the director of ESG?** |  | |
| \* Please include the travel permission as an annex to this document. | | |
|  | | |
| **Contact in case of emergency** | | |
| **Name** |  | |
| **Related to you as:** |  | |
| **Street + house nr.** |  | |
| **Postal code** |  | |
| **City** |  | |
| **Phone number** |  | |
| **Email** |  | |
|  | | |
| **Wageningen University supervisor** | | |
| **Name** |  | |
| **Chair group** |  | |
|  | | |
| **Host supervisor** | | |
| **Name** |  | |
| **Institution** |  | |
| **Address (street + nr)** |  | |
| **Postal code** |  | |
| **City** |  | |
| **Country** |  | |
| **Phone number** |  | |
| **Email** |  | |

**2 Role of the WU supervisor**

*Please state all agreements made, particularly concerning responsibilities, supervision, communication and evaluation. Also provide here the agreed deadline for sending in the mid-term report (see Annex 5)*

**3 Role of the host supervisor**

*Please state all agreements made, particularly concerning responsibilities, supervision and evaluation*

**4 Report**

*Please state any agreements made regarding the thesis report (e.g. language, length).*

**5 Other agreements**

*Please state any other agreements made pertaining to e.g. rights to data and other output, workspace, materials, housing, insurance, expenses, transportation, etc.*

**7 Signing the agreement**

Student WU Supervisor Host supervisor Study advisor

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*Both supervisors confirm approval of Research Confirms the Proposal Internship Plan compliance with the 102ECTS requirement*

*and having passed all first year courses.*

Date Date Date Date

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1. Please send a copy of this table and annex in Microsoft Word (.doc) to [bil.bsc@wur.nl](mailto:bil.bsc@wur.nl). We keep a record of all students abroad for safety purposes. Send it digitally so we can copy-paste it into our system. A PDF-document doesn’t work! [↑](#footnote-ref-1)