This document is required for a scholarship application. Once completed, dated and signed, please send it back to the applicant.

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| **HOST INSTITUTION INFORMATION:** |
| Host institution name**\***:  |
| Department/Service**\***: |
| Supervisor last name**\***: | First name**\***: |
| E-mail of the internship supervisor**\***:\*mandatory |

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| **INTERN:** |
| Last name**\***: | First name**\***: |
| Internship start date**\***:  | End date**\***: |
| In a few words describe the internship topic**\***:\*mandatory |

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| **OTHER:** |
| Internship stipend\*:  | Yes[ ]  | No[ ]  |
| Monthly amount\*: |
| Particular conditions, if applicable (individual support, housing…): |
|  |
| \*mandatory |

Date:

Signature and institution stamp: