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

|  |  |
| --- | --- |
| **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 | |

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

Date:

Signature and institution stamp: