

This form must be completed and submitted by the company to be approved by the internship manager referee.
This first step is obligatory to edit an internship agreement.

Please, send the PDF document filled to isifc.stages@univ-fcomte.fr

Proposed internship/experience :

(Please specify)

1A - Business knowledge experience : 4 weeks minimum, splittable during school holidays

2A - Hospital Internship (SH) : 6 weeks maximum, from **January 22 to March 2, 2018**

3A - R&D Internship : 3 months minimum, from **December 11, 2017 ***

3A - Industrial Internship (SI) : 4 months minimum, from **March 12, 2018 ***

* flexible periods according to the project

Name of the student (if personal initiative) :

Dates (beginning and finish) :

HOST STRUCTURE

Company's name :

Domain :

Facility juridic position:

Address :

Phone :

Mail :

INTERNSHIP ADVISER

Last name :

First Name :

Responsibilities :

Phone :

Mail :

Internship department :

Internship address (if different) :

Internship title or theme :

Main responsibilities given :

Detailed missions :

Developped skills :

Internship manager referee :

Administration only

Proposal approved ?

Internship manager signature :

NB : If you encounter any difficulty when saving the document, please, print it and fill it by hand.

ISIFC - Internship service

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ENR : ST-16B

Resp : S. Flores

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