

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)

Optional internship

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

2A - Hospital Internship (SH) : 6 weeks maximum, starting date late **January**

3A - R&D Internship : 3 months minimum, starting **mid-December***

3A - Industrial Internship (SI) : 4 months minimum, starting **mid-March***

* 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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