

This schedule is to be completed by the host organisation in consultation with the teaching team and the student.

Dates of internship: From..... to

	Morning*	Afternoon*	Evening*	Face-to-face (Yes/No)	Remote (Yes/No)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

* Mention specific times.

Duration of internship (in hours):

On behalf of the higher education institution

Name and signature of representative

.....

On behalf of the host organisation

Name, stamp and signature of representative

.....

Intern student (or his legal representative, if appropriate)

Name and signature

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Academic tutor - Higher education institution

Name and signature

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Supervisor - Host organisation

Name and signature

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