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|  To the Internship Council Chairman  |
| of the Master’s Programme |
|  |
| from |
|  |
| Group: |
| Email: |

APPLICATION

I submit for you approval the place of my research internship:

|  |  |  |
| --- | --- | --- |
| Organization (full name) | *English (if available)* | *Russian (if available)* |
| Department | *English (if available)* | *Russian (if available)* |
| Description  | *A brief description of the organization’s activity and its relevance to the specialization of the Master’s Programme , 100 words max.* |
| Web-site |  |
| Email |  |
| Phone |  |

Supervisor at the internship organization:

|  |  |  |
| --- | --- | --- |
| Surname | *English (if available)* | *Russian (if available)* |
| Name | *English (if available)* | *Russian (if available)* |
| Middle Name (if any) | *English (if available)* | *Russian (if available)* |
| Position | *English (if available)* | *Russian (if available)* |
| Email |  |
| Telephone |  |

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

**Internship Plan**

*Before starting the internship students have to submit a brief internship plan.*

*Within this plan (1 page maximum) you have to provide a short overview about the organization (organizational unit) you will work for, describe the duties and projects you’ll work on and the supervision by the internship organization.*

|  |  |
| --- | --- |
| Last Name |  |
| First Name |  |
| Internship starting date  |  |
| Internship finishing date |  |
| Duration | 10 weeks |
| Name of organization  |  |

 (incl. overview of organization, results and experience, supervision and organizational assessment)

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| --- | --- | --- |
| Supervisor at HSE | Date | Signature |
|  |  |  |
|  |  |  |  |
| Internship Council | Date | Signature |
|  |  |  |