|  |
| --- |
| 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)

|  |
| --- |
|  |

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