

Master of Arts

Internship Learning Agreement

Student Information

Name:
Matriculation number:
Email address:

Internship details

Position title:
Start date:
End date:
Hours per week:

Organization/Company Information

Organization name:
Department:
Address:
City:

Internship Description

Please explain your position, the content and the responsibilities of your internship. Make a list of specific projects and tasks:

Internship Learning Objectives

Please explain your reasons for doing an internship in this organization. Make a list of your specific educational and/or professional objectives and how you plan to achieve them during your internship:

Place, date

Student signature

Place, date

MEAS Coordinator signature.....