



Internship Coordinator

Valentina Mors, M.A.

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Preliminary Report

Organisation/Company/City/Country: _____

Contact Person: _____ Department: _____

Email: _____

Student's first and last name: _____

Student ID Number: _____

The internship is going to take place from _____ to _____

What are your tasks and responsibilities going to be? What are your personal expectations?

Date and Student's signature

The internship is authorised _____
Valentina Mors, Internship Coordinator, Dept. of History and Sociology