**MASTER OF SCIENCE IN COMPUTATIONAL MECHANICS**

**INTERNSHIP AGREEMENT**

|  |  |
| --- | --- |
| Name of the student |  |

|  |  |
| --- | --- |
| Company/Institution |  |
| Name of the supervisor |  |
| Department |  |
| Start and end dates |  |
| Total number of hours |  |

|  |
| --- |
| Main tasks: |

|  |
| --- |
| Additional remarks: |

**Any change in the information contained in the internship agreement must be authorized by the local master coordinator.**

Date:

Student’s signature Supervisor’s signature