

AGREEMENT ON INTERNSHIP:
BVPB01 or PSYLO1, Lund University

Student's personal data:

Name: _____

Personal ID no (yymmdd-xxxx) _____

E-mail: _____

Specialisation (BVPB01): *Psychology* *Sociology***Internship information:**

Internship location: _____

Geographical location: _____

Internship supervisor: _____

E-mail: _____

Telephone: _____

Internship duration: **20240902** – **20241220**

Main tasks during the internship (briefly described):

As internship supervisor I hereby certify that the internship will follow the objectives of the course provider. I certify that the student on placement will get an introduction to the place of work and will be provided with continuous supervision and also get time for academic course assignments. A certificate of attendance and internship completion will be sent to the Department of Psychology at Lund University on completion of the internship period.

Date: _____ Signature, **internship supervisor**:

As a student I am fully aware that I am responsible for all financial matters related to the internship such as costs for accommodation and travel connected with the internship. On completion of the internship, I undertake to hand in a report for examination together with an evaluation to the Department of Psychology at Lund University.

Date: _____ Signature, **student**:

As examiner and course leader for the internship I hereby approve the above-mentioned internship.

Date: _____ Signature **examiner and course leader**: