Academic Agreement

SCIENCES SORBONNE UNIVERSITÉ

THE EDUCATIONAL OR TRAINING INSTITUTION	HOST ORGANIZATION
Name: **Sorbonne Université** Address: 21 rue de l'école de médecine, 75006 PARIS Represented by (agreement-signing party): Capacity of the representative: ☎: Email: Department/UFR/Component:	Name: Address: Represented by (agreement-signing party): Capacity of the representative: ☎: Email: Department in which the internship will be conducted: ☎ : Email: Location of internship (if different from that of the institution):

THE INTERN

Student's id.number:

Last name: First name:

Gender: ◯ F ◯ M Birth date (day/month/year):

Address:

☎: Email:

Title of internship taken at the institution of higher education:

Annual hourly learning volume:

SUPERVISION OF INTERN BY THE EDUCATION INSTITUTION	SUPERVISION OF INTERN BY THE HOST ORGANIZATION
Full name of academic advisor: Position: ☎: Email:	Full name of training supervisor: Position: ☎: Email

SUPERVISORY PROCEDURES (visits, scheduled phone calls, etc.)

STATUS EXPLAINING THE ABSENCE OF AN INTERNSHIP AGREEMENT:

SUBJECT OF INTERNSHIP:

◯ COMPULSORY EDUCATION ◯ OPTIONAL EDUCATION ◯ REORIENTATION ◯ YEAR OUT

DATES: FROM TO ; FROM TO

REPRESENTING A TOTAL DURATION OF: Number of ◯ weeks ◯ months (*choose the appropriate item*)

Corresponding to: actuals days of attendance at the host organization

And corresponding to : actuals hours of attendance at the host organization ◯ FULL TIME or ◯ PART TIME

SKILLS TO BE ACQUIRED OR DEVELOPED:

ACTIVITIES ASSIGNED:

NUMBER OF ECTS (if applicable):

Made in , This day the

THE INTERN'S ACADEMIC ADVISOR
Name and signature

THE INTERNSHIP SUPERVISOR FOR THE HOST ORGANIZATION
Name and signature

FOR THE EDUCATIONAL INSTITUTION
Name and signature of the representative of the institution

FOR THE HOST ORGANIZATION
Name and signature of the host organization

INTERN (AND LEGAL REPRESENTATIVE IF ANY)
Name and signature