

Bureau des stages

Pôle Administratif des Cézeaux

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NB : for the sake of simplicity, the persons referred to in this document are designated "he".

1 –The intern

LAST NAME :	First name :
Student ID :	
TITLE OF INTERNSHIP OR TRAINING COURSE TAKEN AT THE INSTITUTION OF HIGHER EDUCATION (2018/2019) :	
Phone :	Portable :

2 – Host organization

NAME :	
Address :	
Postcode/ZIP:	
City/Country:	
Phone :	Email :
Domain of activity :	
Website :	
Number of employees at this address :	
Total workforce :	

Represented by (Agreement-signing party)

LAST NAME and First name :	
Capacity of the representative :	
Phone :	Email :

3 - Department in which the internship will be conducted

NAME :	
Adress :	
Postcode/ZIP :	City/Country :
Phone :	Email :

4 –Supervision of intern by the host organization

Full name of training supervisor :	
Position :	
Phone :	Email :

5 - Supervision of intern by the academic advisor

First and Last name :	
Position :	
Phone :	Email :

6 – Internship content

Type of internship: Complementary Mandatory**Internship subject :**

Duties and tasks (on agreement):

Skills to acquire/develop during the internship:

Details:

Maximum weekly hours of student's in the company :

Number of weeks of the internship :

Internship dates :

From: (day/month/year)

To: (day/month/year)

Corresponding to hours of attendance at the host organization

Compensation/month: gross netMethod of gratuity payment: cheque bank transfer cashConfidentiality of the subject: Yes / No

Benefits (food, accommodation, transport ...):

Number days off authorized :

7 - Mandatory signatures before the establishment of the agreement

Intern supervisor (host organization) :

Name :

Position :

Date : Signature / Stamp :

Head of the training program (home institution: UCA):

Contact name :

Function :

Date : Signature / Stamp :

An internship cannot begin without an agreement signed by the Company/Research Institute which will receive the student