# INTERNSHIP PLAN, AGREEMENT

|  |
| --- |
| **STUDENT INFORMATION** |
| **Name** |       |
| **ID number** |       |
| **Address** |       |
| **E-mail** |       | **Number of credits for the internship** |       |
| DESCRIPTION OF THE RELEVANCE OF THE INTERSHIP FOR THE EDUCATION (nB be specifiC) |
|       |
| DESCRIPTION OF THE INTERSHIP |
| **Name of the organisation** |       |
| **Address** |       |
| **Supervisor at the organisation****(Name, position, tel. no., e-mail)** |       |
| **Brief but specific description of the organisation** |       |
| THE STUDENT’s Tasks AND THE SUPERVISor’s responsibilities |
| **Student’s tasks**  |       |
| **Supervisor’s responsibilities** |       |
| **Weekly working hours:**      **h/week**  | **Period of internship: start date**        **end date**        |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**The student’s signature, date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**The supervisor’s signature, date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**The Director of Studies signature, date** |
| *The student’s contact information:*      | *The supervisor’s contact information:*      | Renita ThedvallDirector of StudiesDepartment of Social AnthropologyStockholm University106 91 StockholmSweden[www.socant.su.se](http://www.socant.su.se) |

*The agreement can be filled out as a word-document and then be printed and signed by the parties in question. Be as specific as possible when it comes to the relevance for the education, the description of the organization and the student’s tasks. The student’s weekly working hours and the length of the internship serve as the basis for the registration of credits.*