

Internship Request Form

Educational Institution

AMU / INE Number:

Last Name

First Name

Address:

Phone number:

E-mail:

Academic Background:

University / Institution:

Specialization or Program:

Master year: ☐ M1 ☐ M2

Technical Skills:

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Language Skills:

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Previous work experience:

Previous Internship or Jobs:

Internship details

Host institution:

Internship topic or subject:

Preferred period: from ____ / ____ / 20__ to ____ / ____ / 20__

Total duration: months

Expected working hours: ☐ Full-time ☐ Part-time



Funding required: ☐ Yes ☐ No

Specific accommodations required: ☐ Yes ☐ No

If yes:

Goals and Motivations

Long Term career goals:

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Motivation for this internship:

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Academic or professional references:

Name:

Relation:

Contact:

Internship Preference and target skills

Preferred topic or field for the internship:

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Skills you wish to develop or acquire during the internship:

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Tools, software, or programming languages you would like to use or learn:

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Link between the desired internship and your career plan or master's thesis project

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Host institution

SIRET/SIREN number:

Name of the institution:

Address:

Phone number:

Represented by:

Position of representative:.....

Department of internship:

E-mail:

Documents to attach

- ☐ CV
- ☐ Cover letter
- ☐ Internship agreement (university template)
- ☐ Certificate of Liability Insurance covering the internship period
- ☐ Copy of student card or certificate of enrollment
- ☐ Other (specify):