AGREEMENT ON INTERNSHIP:

Student's personal da	ta
Name:	
Personal ID no (yymmdo	d-yyyy)
E-mail:	
Specialisation:	Psychology Sociology
	rsychology Sociology
Internship information:	
Internship location: _	
Geographical location:	
Internship supervisor:	
E-mail:	
Telephone:	
Internship duration: 202	30828 - 20231220
Main tasks during the in	ternship (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 assigments. 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 :
costs for accommodation and	e that I am responsible for all financial matters related to the internship such as travel connected with the internship. On completion of the internship, I undertake nation together with an evaluation to the Department of Psychology at Lund
Date: UN	Signature, student :
As examiner and course leader for the internship I hereby approve the above-mentioned internship.	
Date: S	Signature examiner and course leader: