**COMMITMENT FOR THE INTERNSHIP**

Planned period of the internship: from [*day/month/year*] till [*day/month/year*]

Duration [*days/months*] - \_\_\_\_\_\_\_\_\_\_\_\_

The research staff member

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s): |  | First name (s): |  |
| Sex [M/F]: |  | Nationality: |  |
| Academic year: |  | E-mail: |  |

The Sending Institution

|  |  |
| --- | --- |
| Name: |  |
| Faculty: |  | Department: |  |
| Address: |  | Country: |  |
| Contact person name and position: |  | Contact person e-mail/phone: |  |

The Receiving Institution

|  |  |
| --- | --- |
| Name: |  |
| Faculty: |  | Department: |  |
| Address: |  | Country: |  |
| Contact person name and position: |  | Contact person e-mail/phone: |  |

 I . PROPOSED INTERNSHIP PROGRAMME

Stating an internship programme with its benefits, explanation of the project of internship, its objectives, values and impact.

|  |  |
| --- | --- |
| Main subject: |  |
| Overall internship objectives:  |  |
| Content of the internship programme: |  |
| Expected outcomes and impact: |  |

II. COMMITMENT OF THE THREE PARTIES

By signing this document, The research staff member, The Sending Institution and The Receiving Institution confirm that they approve the proposed internship, with its programme.

The research staff member will share her/his experience, in particular its impact on her/his professional development and on the sending institution , as source of inspiration to others.

The sending institution will recognize it as a component in any evaluation or assessment of the research staff member.

The research staff member and the receiving institution will communicate to the sending institution any problems or changes regarding the internship.

|  |
| --- |
| The research staff member |
| Name:  |  |
| Signature: | Date: |
|  |
| The Sending Institution |
| Name:  |  |
| Signature: | Date: |
|  |  |
| The Receiving Institution |
| Name:  |  |
| Signature: | Date: |