



**Consent for the following internship as an optional course Master
from**

Student data

Name student: _____
Student number: _____
Address: _____
Zipcode and
city: _____
Tel. nr.: _____
E-mail: _____
Date of birth: _____
Masters program: _____

the student has given permission to enter the internship as an optional course in the study program prior to the start of the internship, the overall assessment of the internship must be a 'Pass'.

Data internship

Name internship institution: _____
Department: _____
Contactperson: _____
Address: _____
Zipcode and city: _____
Tel. nr.: _____
E-mail: _____
Period: from (dd-mm-yy) until (dd-mm-yy)

Internship assignment, tasks:

For the department: _____:

- _____
- _____
- _____
- _____
- _____
- _____

For the department: _____:

- _____
- _____
- _____
- _____
- _____
- _____

Reviewed by the contact person internship institution:

Name : _____

Signature:

Date: _____

Approved by the internship coordinator Law department of Utrecht University:

Name: _____

Signature: _____

Date: _____

NB: the intern must make arrangements with the internship institution about insurance, funding and workplace.