

Bureau des stages

Pôle Administratif des Cégeaux
1, Place Vasarely
63178 AUBIERE
Phone : 04 73 40 79 04
stages.pac@uca.fr

NB : for the sake of simplicity, the persons referred to in this document are designated "he".

1 –The intern	
LAST NAME :	First name :
Student ID :	
TITLE OF INTERNSHIP OR TRAINING COURSE TAKEN AT THE INSTITUTION OF HIGHER EDUCATION (2019/2020) :	
Phone :	Portable :
2 – Host organization	
NAME :	
Address :	
Postcode/ZIP:	
City/Country:	
Phone :	Email :
Domain of activity :	
Website :	
Number of employees at this address :	
Total workforce :	
Represented by (Agreement-signing party)	
LAST NAME and First name :	
Capacity of the representative :	
Phone :	Email :
3 - Department in which the internship will be conducted	
NAME :	
Adress :	
Postcode/ZIP :	City/Country :
Phone :	Email :
4 –Supervision of intern by the host organization	
Full name of training supervisor :	
Position :	
Phone :	Email :
5 - Supervision of intern by the academic advisor	
First and Last name :	
Position :	
Phone :	Email :

6 – Internship content

Type of internship: Complementary Mandatory**Internship subject :**

Duties and tasks (on agreement):

Skills to acquire/develop during the internship:

Details:

Maximum weekly hours of student's in the company :

Number of weeks of the internship :

Internship dates :

From: (day/month/year)

To: (day/month/year)

Corresponding to hours of attendance at the host organization

Compensation/month: Gross NetMethod of gratuity payment: cheque bank transfer cashConfidentiality of the subject: Yes / No

Benefits (food, accommodation, transport ...):

Number days off authorised :

7 - Signature

Of the training supervisor (Supervision of intern by the host organization):

Name :

Position :

Date :

Signature / Stamp :

UCA - By the academic advisor (Supervision of intern by the academic advisor) :

Contact name :

Function :

Date :

Signature / Stamp :