

# LEARNING AGREEMENT Internship

**ACADEMIC YEAR** from..... to.....  
**FIELD OF STUDY**.....

<p><b>Name of student</b> : .....</p> <p>Student's e-mail address:.....</p>
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## DETAILS OF THE PROPOSED INTERNSHIP/LEARNING AGREEMENT

<p><b>Name of the receiving institution:</b> .....</p> <p>Address:.....</p> <p>Post code:..... City:.....</p> <p>Country: .....</p> <p>Phone:..... E-mail:.....</p> <p><b>Contact person</b></p> <p>Name:..... Phone:.....</p> <p>E-mail:.....</p> <p>Position:.....</p>
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<p><b>Information about the internship</b></p> <p><b>Short description of the project:</b></p>     <p><b>Desired trainee profile:</b></p>    <p><b>Supervisor:</b></p> <p>Name:..... Phone:.....</p> <p>E-mail:.....</p> <p>Position:.....</p> <p><b>Dates:</b></p> <p>Begin (at the earliest):.....at the latest:.....</p> <p>End:.....Duration (in weeks):.....</p> <p>Working hours/week:.....</p> <p><b>Salary:</b>.....</p> <p><b>Further Support of the company:</b></p> <table><tr><td>Provision of accommodation:</td><td>yes <input type="checkbox"/></td><td>no <input type="checkbox"/></td></tr><tr><td>Provision of subsidised meal:</td><td>yes <input type="checkbox"/></td><td>no <input type="checkbox"/></td></tr><tr><td>Provision of financial support for daily transport</td><td>yes <input type="checkbox"/></td><td>no <input type="checkbox"/></td></tr><tr><td>Other (please specify):.....</td><td colspan="2"></td></tr></table>	Provision of accommodation:	yes <input type="checkbox"/>	no <input type="checkbox"/>	Provision of subsidised meal:	yes <input type="checkbox"/>	no <input type="checkbox"/>	Provision of financial support for daily transport	yes <input type="checkbox"/>	no <input type="checkbox"/>	Other (please specify):.....		
Provision of accommodation:	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Provision of subsidised meal:	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Provision of financial support for daily transport	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Other (please specify):.....												

**Further remarks:**

Tasks	Number of ECTS credits (to be filled out by the sending institution)
..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... .....

**SENDING INSTITUTION** (Lucerne University of Applied Sciences and Arts)

We confirm that the learning agreement is accepted.

Head of Bachelor/Master Programme	Associate Dean
.....	.....
Date: .....	Date: .....

**RECEIVING INSTITUTION**

We confirm that the learning agreement is accepted.

Employer's signature

.....

Date: .....

**INTERN**

I confirm that the learning agreement is accepted.

Student's signature

.....

Date:.....

## CHANGES TO ORIGINAL LEARNING AGREEMENT (to be filled in ONLY if appropriate)

Tasks	Added tasks	Deleted tasks
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

If necessary, continue this list on a separate sheet

<b>SENDING INSTITUTION</b> (Lucerne University of Applied Sciences and Arts)	
We confirm that the above-listed changes to the initially accepted learning agreement are approved.	
Head of Bachelor/Master Programmes	Associate Dean
.....	.....
Date: .....	Date: .....

<b>RECEIVING INSTITUTION</b>
We confirm that the above-listed changes to the initially accepted learning agreement are approved.
Employer's signature
.....
Date: .....

<b>INTERN</b>
I confirm that the above-listed changes to the initially accepted learning agreement are approved.
Student's signature
.....
Date: .....