

INTERNSHIP APPLICATION FORM

BOX RESERVED FOR THE ADMINISTRATION

Form drop off : Edition of the agreement : N° of edition : Budget line :

- The internship application must be dropped off as a physical copy at the COSIP reception or via email to stage@upf.pf at least 15 days before the actual start of the internship. This period will allow time for an examination of the information provided, processing the agreement and the collection of signatures.
- The host organization and the student must declare that they are insured for civil liability.
- Fill in the form noting that the real asterisks denote a compulsory field.

STUDENT

STUDENT N°* : DATE OF BIRTH* : / /

LAST NAME* : FIRST NAME* :

TITLE* : MRS MR

DEGREE IN PROGRESS* : PAD PAREO DU BUT 1 BUT 2 L L 2 L 3 LICENCE PROFESSIONNELLE MASTER 1 MASTER 2 *title of degree (in French)* :

INSURANCE COMPANY* : CIVIL LIABILITY CONTRACT NUMBER * :

ADDRESS* :

POSTAL CODE* : CITY* : COUNTRY* :

PHONE NUMBER* : EMAIL* : @

THE SEARCH FOR MY INTERNSHIP* : Spontaneous application Response to an offer Others

HOST ORGANIZATION

NAME OF THE HOST ORGANIZATION* :

ADDRESS* :

POSTAL CODE* : CITY* : COUNTRY* :

HOSTING SERVICE* :

RESPRESENTATIVE FROM THE HOST ORGANIZATION

LAST NAME* : FIRST NAME* :

TITLE* : MRS MR

ROLE :

PHONE NUMBER* : EMAIL* : @

INTERNSHIP TUTOR

LAST NAME* : FIRST NAME* :

CIVILITE* : MRS MR

ROLE* :

PHONE NUMBER* : EMAIL* : @

INTERNSHIP TERMS

START DATE* : / / END DATE* : / /

NUMBER OF DAYS PER WEEK* : NUMBER OF HOURS PER WEEK (35 hours maximum)* :

SUBJECT MATTER OF THE INTERNSHIP* :

INTERNSHIP DUTIES/TASKS* :

SKILLS TO BE ACQUIRED/DEVELOPED* :

PAID INTERNSHIP* : amount of payment : XPF Bank transfer Check UNPAID INTERNSHIP

POTENTIAL BENEFITS GRANTED* :

VALIDATION OF THE INTERNSHIP BY THE DIRECTOR OF STUDIES OR THE EDUCATION TEAM LEAD OR THE DIRECTOR OF THE INTERNSHIP UNIT (only for compulsory internship)

LAST NAME* : FIRST NAME* :

TITLE* : MRS MR ROLE WITHIN THE UPF* :

OPINION ON WHETHER THE INTERNSHIP FOR THE SUBJECT MATTER PROPOSED SHOULD BE CARRIED OUT* :
 FAVORABLE UNFAVORABLE

DESIGNATION OF THE REFERENCE TEACHER FOR THE INTERNSHIP* :
LAST NAME* : FIRST NAME* :

TITLE* : MRS MR ROLE WITHIN THE UPF* :

DATE* : / / SIGNATURE* :