COOPERATION AGREEMENT

on securing continuous internship periods at a(n) undertaking/budgetary authority

Annex 1.

Students participating in the internship

name of the Professional Training Facility: ……………………………………………………….….

registered address: …………………………………………………………..

tax no.: ……………………………………………………….….

name and position of legal representative: ……………………………………………………….….

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| student name,contact data (telephone number or e-mail address) | place and date of birth | level of programme | name of programme | language of programme | work schedule | date of internship (period: from -to) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Place of the practice period:..............................................................

On behalf of the Corvinus University of Budapest the lecturer and contact person responsible for internship period:

name:

position:

e-mail address:

telephone number:

On behalf of the Professional training facility:

name:

position:

e-mail address:

telephone number:

|  |  |
| --- | --- |
| Budapest, 20 . …………….. | Budapest, 20 . ………………………….. |

 Judit Veszprémi (name)

 Team leader responsible for internship (position)

 Corvinus University of Budapest (Name of Professional Training Facility)

 (seal) (seal)

|  |  |
| --- | --- |
| ……………………………………………. Eszter Stáriinternship coordinator |  |