FRAMEWORK COOPERATION AGREEMENT

for continuous practice period

with a school cooperative

Annex 1

Students involved in the internship

name of the professional training facility: .............................................................

registered seat: .............................................................

tax number: .............................................................

name/ position of authorised representative: .............................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| student's name,  contact details (phone 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) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Service recipient:.....................................................................

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:

phone number:

On behalf of the Professional training facility:

Name of person in charge of the internship:

position:

contact details, email

phone:

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

Judit Veszprémi (name)

Internships Team Leader (position)

Corvinus University of Budapest (name of Professional training facility)

(PLACE OF SEAL) (PLACE OF SEAL)

|  |  |
| --- | --- |
| ……………………………………………..  Eszter Stári  Internship coordinator  Corvinus University of Budapest |  |