

INTERNSHIP AGREEMENT

**Ruhr University Bochum
Master in Cognitive Science**

Student name:

Signature

Program Director of Master in Cognitive
Science:

Prof. Dr. Jonas Rose

Signature

Head of Lab/Office:

Address:

Signature

Internship Agreement

Dates of the internship:

Total amount of working hours:

Project Title:

Duties of the Student:

- Regular attendance

Commitment of the intern's supervisor:

- Educational support
- Involve the student in a research project
- Offer an adequate academic workspace

Special Requirements:

The following components are currently planned:

(This can be flexibly discussed by supervisor and internee during internship. For a graded internship, a protocol is required)

protocol grade