

# **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:

Supervisor:

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)

☐ protocol      ☐ grade (→ not applicable for examination rules 2026)