

To be filled out by the University of Oulu

Faculty/Department	
Degree Programme/Subject	
Internship contact person	Tel. + 358
Address	
Duration of internship period (months)	
Intern	Date of birth
Address	Tel. Email:

To be filled out by internship organisation

Internship organisation/unit	
Internship contact person(s)	Tel.
	Email:
Salary contact person No salary	Tel. -
	Email: -
Address	
Internship supervisor(s)	Tel.
	Email:
Intern's job description	
Duration of internship period (start and end dates)	

General terms and conditions of the internship agreement

In case the training is cancelled or altered, the contact person in the university must be notified immediately and in writing.

Place	Date
Signature of the intern	
Place	Date
Signature of the internship contact person: Education Designer	
Place	Date
Signature of the internship contact person: Teacher of the Traineeship Course	
Place	Date
Signature of the internship organization	