

**REQUEST**

**to carry out an internship (BSc) / professional practice (MSc) at a site not included in the list of Cooperating Partners (host sites) offered by the MATE Institute of Food Science and Technology**

**Data of the student:**

Name: Neptun code:

e-mail:

Level of university training: full-time / part-time (correspondence) [[1]](#footnote-1)1

Course (BSc/MSc):

BSc special technology / MSc specialisation:

**Data of the internship / professional practice site (planned Cooperating Partner):**

Name / Company name:

Address:

Name of contact person:

Phone, fax:

e-mail:

**Scope of activities of the planned Cooperating Partner:**

**Planned / preliminary tasks of the student during the internship (BSc) / professional practice period:**

**Student’s declaration:**

The requested Cooperating Partner (practice host) named above can accept me for a 4 / 5 / 14-week1 internship (BSc) 1 / professional practice (MSc) 1 during a period agreed with the head of course 1 / head of specialisation 1 by prior arrangement and in the content of the agreement to be concluded. If approved by the Institute, I will be actively involved in the conclusion of the agreement. I acknowledge that, after Institute's approval, I may apply for one of the internship / professional practice possibilities initially offered by the Institute and still vacant in the event of withdrawal of the internship / professional practice placement.

Budapest, 202…..………….

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(original signature of student)*

**Decision of the head of course / head of specialisation:**

I agree 1 / I do not agree 1 to the student completing his/her placement at the above mentioned Cooperating Partner (practice host).

Reason:

Budapest, 202…..………….

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(original signature of head of course / head of specialisation)*

1. **1 Please, underline the appropriate one!** [↑](#footnote-ref-1)