

Application for validation of an internship outside the ISA portal

This form should be sent to the [SNX](#) secretariat duly completed and signed by all the parties before the internship starts

Internship

Company name and address	Website	Country
Company description		
Name and contact of the supervisor		
Students tasks		
Duration of the internship		

Student concerned

Name, first name	Current semester <input type="checkbox"/> MA1 <input type="checkbox"/> MA2 <input type="checkbox"/> MA3 <input type="checkbox"/> MA4	Date	Signature
------------------	--	------	-----------

Deputy of student's section

By his signature, the deputy confirms that the internship proposed by the student is valid.

Date	Signature
Remarks	

In this document, the masculine gender is used in the neuter sense and refers to women as well as men.