

Internship Agreement: Master in Pharmaceutical Sciences

Trainee: Name, Address, Phone, E-Mail

Company: Name, Department, Address, Phone, E-Mail, URL

Supervisor at the Company: Name, Function, Department, Address, Phone, E-Mail

Supervisor at ETH / IPW: Name, Function, Address, Phone, E-Mail

Duration (12 weeks) Start: End:

Project description:

Tasks of the trainee:

Signatures for approval

Trainee _____ Date:

Supervisor at the company _____ Date:

Supervisor at the ETH/IPW _____ Date:

Please submit a copy of the signed document, on paper or electronically, to the Student Administration for Pharmaceutical Sciences, HCI H203, 8093 Zürich, ivana.rajkovic@pharma.ethz.ch.