



LUNDS
UNIVERSITET

Dnr:

Letter of Intent
Internship course KOMN01
30hp

Department of Strategic Communication

Student details:

First and last names:

Identity number:

E-mail address:

Mobile number:

Internship host details:

Organisation name

Organisation address

Supervisor

Name

Role/Title

E-mail address:

Telephone:

Internship period

The abovementioned student is hereby approved for an internship at our organisation:

from _____ to _____

Most important duties during internship

Signatures

.....
Place, date

.....
Supervisor signature

.....
Place, date

.....
Student signature

.....
Place, date

.....
Course director signature