LUND UNIVERSITY
Campus Helsingborg

Department of Strategic Communication

STATEMENT OF INTENT

Student:
Name _____
Date of Birth _____
E-mail _____
Phone _____

Internship information:
Internship Organization (name, address) _____
_____
Internship Manager _____
E-mail _____
Phone _____

About Placement:
Internship supervisor (if not manager) _____
Email _____
Phone _____
Main tasks during the placement (enclose attachment if needed):
_____
_____
_____
_____
_____

Statement of intent, internship manager I intend to host the aforementioned student of Lund University as an intern from _____
until _____ **(please enclose contract if available).**

…….. **…….**
Date **Signature, internship manager**

…… **…….**
Date **Signature, internship student**

I hereby approve of the aforementioned internship.

…… **…….**
Date **Signature, course director (KOMB26)**

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