



Internship agreement

For the course Applied Global Health Project, 15 hp, in the Master's Programme in Global Health at Karolinska Institutet.

This agreement is entered into by and between:

The home department:

The Department of Global Public Health at Karolinska Institutet
Tomtebodavägen 18 A, 171 77 Stockholm, Sweden

Represented by:

Telephone:

E-mail:

AND

The host organisation/company/university:

Name:

Department/section:

Address:

Represented by:

Telephone:

E-mail:

AND

The student:

Name:

Date of birth:

Address:

Telephone:

E-mail:

The internship

Internship period:

Detailed description of assignments and responsibilities:

Please acknowledge receipt and acceptance of this agreement by signing it, scan it and mail it to Giulia Gaudenzi (giulia.gaudenzi@ki.se).

Signature of the student

Printed name of the student and date

Signature of the host supervisor

Printed name of the host supervisor and date

Signature of the mentor at Karolinska Institutet

Printed name of the mentor at Karolinska Institutet and date