

Internship Proposal

Internship Proposal Form

Send to: idm@epfl.ch

Information about the Association	
Name of the Association/NGO/Company	
Name of Contact Person	
Email of Contact Person	
Description of the Association	
Information on the Internship	
Title	
Description	
Required skills of Intern (Profile of Intern)	
Duration of Internship	
Location	
Accommodation Provided (yes/no)	
Meals Provided (yes/no)	
Start Date	
Other Comments	