



STUDENT INTERNSHIP APPLICATION FORM

To Whom It May Concern,

The students of the International University of Sarajevo (IUS) have mandatory internship period at institutions and companies before they complete their undergraduate studies.

Therefore, our student, whose details you may find below will do _____ days of his/her internship at your institution and during this period, **his/her insurance will be covered by our university**. We would like to thank you for your cooperation and the opportunity you provided to our student-intern.

<i>STUDENT INFORMATION</i>					
Name		ID Card Number/Passport Number			
Surname		Place of Issue			
Father's Name		Date of Issue			
Mother's Name		Mobile Phone Number			
Date of Birth		Email			
Place of Birth		Phone No			
Student ID Number		Emergency Contact No			
Faculty					
Program		Academic Year			
<i>INTERNSHIP INFORMATION</i>					
Name of the Institution					
Address					
Production/Sector		Email			
Phone No.		Web Address			
Start Date		End Date		Number of Days	
<i>EMPLOYER/SUPERVISOR INFORMATION</i>					
Name and Surname					
Position					



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

UNIVERSITY COMMUNICATIONS OFFICE
F254/23

Email		Phone No.	
Date		Signature	
STUDENT SIGNATURE	APPROVAL OF THE UNIVERSITY COMMUNICATIONS OFFICE	APPROVAL OF THE DEAN OF THE FACULTY	
I declare that the information on the document is correct, and I kindly ask you to prepare the internship documents for the company where I intend to do my internship.			

NOTE: This document must be submitted to the IUS University Communications Office **at least 20 days** before the start date of the compulsory internship, along with an ID photocopy.