



INTERNSHIP AUTHORIZATION REQUEST FORM

To the Director of the Doctorate in Cognitive and Brain Sciences:

I, LAST NAME FIRST NAME, ____ year student of the ____ cycle, with/without grant "name of topic specific grant if applicable" request authorization to carry out an internship from DD/MM/YYYY to DD/MM/YYYY at (define name of employer, address, location and nation) for an overall weekly involvement of ____ hours.

This work will involve the following activities:

_____ and is paid/unpaid.

This internship is relevant to my PhD research because:

From this experience I will gain additional knowledge that will directly affect the outcome of my PhD thesis.

Date

Student's SIGNATURE

I, LAST NAME FIRST NAME, Supervisor of the PhD Candidate LAST NAME FIRST NAME, authorize / do not authorize the above request.

Date

Supervisor's SIGNATURE