# *Attachment No. 2 to the Regulations of Task Z9 – Scientific Internships*

**Scientific Internship Program**

|  |  |  |
| --- | --- | --- |
| **First and Last Name of the academic teacher** |  | |
| **Faculty** |  | |
| **Institute/Department/Unit** |  | |
| **Discipline/s** | - …. %  - … % | |
| **Position** | research/research and teaching\* | |
| **Internship Period** | from………………… r. to ……………… r. | |
| **Research Topic During the Scientific Internship** | | |
|  | | |
| **Schedule of Research Activities and Other Actions During the Scientific Internship**  (please describe the scope of research work, participation in seminars, workshops, consultations, etc.) | | |
| **Scope of Work** | | **Implementation Period** |
|  | |  |
| **Scientific Supervisor from the Host Institution** | | |
| **First and Last Name:**  Position:  E-mail: | | |
| **Signature of the Host Institution** (confirming readiness to accept the intern) | | |
|  | | |

\*/□ *check as appropriate*

…………………………………….…………………………….…………….

*date, location signature of the academic staff member*