

INTERNSHIP AGREEMENT

**Ruhr University Bochum
Master Cognitive Science**

Student name:

Signature

Program Director of Master in Cognitive
Science:
Prof. Dr. Albert Newen

Signature

Head of Lab/Office:

Address:

Signature

Internship Agreement

Dates of the internship and number of weeks:

Project Title:

Duties of the Student:

- Regular attendance
- Full-time work

Commitment of the intern's supervisor:

- Educational support
- Involve the student in a research project
- Offer an adequate academic workspace

Special Requirements: