National Research University Higher School of Economics – Saint Petersburg

**INTERNSHIP SCHEDULE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Name)

Field of Study: 41.04.04 Political Science

Master’s Programme Field of Study: *'Comparative Politics of Eurasia'*

\_\_\_\_ study year, group ID \_\_\_\_\_\_

Faculty: Saint-Petersburg School of Social Sciences and Area Studies

Internship Type: Research Internship

Internship Dates: from \_\_\_\_\_\_20\_\_\_ to \_\_\_\_\_20\_\_

HSE Internship Supervisor: G.I. Selivanova, Lecturer

Organization Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Supervisor from Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*name, position*)

|  |  |  |
| --- | --- | --- |
| № | Dates | Work details |
| 1 |  | 1. Organizational Meeting |
| 2 |  | 2. Safety training |
| 3 |  | 3. Excursion |
| 4 |  | 4. Individual Task Completion |
| 5 |  | 5. Consultations |
| 6 |  | 6. Internship Report Preparation and Submission |

|  |  |  |
| --- | --- | --- |
|  | Student | Internship Organization Supervisor |
| 1. The student got a workplace | Confirmed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/  Signature name | Confirmed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/  Signature name |
| 2. Internship is held according to the sanitary and occupational safety and health rules | Confirmed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/  Signature name | Confirmed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/  Signature name |
| 3. Occupational safety, fire safety and internal work rules training passed | Confirmed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/  Signature name | Confirmed  \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/  Signature name |

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature name

Internship Supervisor from HSE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature name

Internship Supervisor from Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature name