*(Name, surname)*

Undergraduate Studies

*(Study programme)*

Phone number:

E-mail:      @stud.ism.lt

ISM University of Management and Economics

Vice-President for Studies Prof. dr. V. Auruškevičienė

REQUEST

FOR INTERNSHIP ABROAD

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Please permit me to perform my internship at a foreign country. Please permit me to complete my bachelor thesis in a distant form and to communicate with academic advisors, submit interim assignments of Internship and Bachelor Thesis via distant means.

I will perform my internship:

|  |  |
| --- | --- |
| Name of organization: |  |
| Field of operation of organization: |  |
| Location of organization (city, country): |  |
| The planned date of the internship’s  beginning and end: |  |
| The duration of the internship in hours: |  |

SUBMITTED:

………………………

*(Signature)*