

**Master of Science: Health Systems
Internship Agreement Form**

Please note: This form, accompanied by the Research Internship Proposal and Internship Learning Objectives form, must be submitted to the Graduate Office as a Service Request prior to beginning the internship.

Student Name: _____

Student Number: _____

Research Institute/Organisation Name: _____

Research Internship Topic: _____

Amount of Stipend, if offered: \$ _____

Internship Dates Start: _____ End: _____

Semester(s) of Internship Registration

Fall

Winter

Summer

Thesis Supervisor(s) Agreement

Supervisor: _____ Signature: _____

Co-Supervisor: _____ Signature: _____

Date: _____

Research Mentor Agreement

Name: _____ Title _____

Email: _____ Signature: _____

Date: _____