



STUDENT	
Last name (Ms./Mr.):	First name:
Email: @etu.unige.ch	Registration No.:
Mailing address:	Tel. No.:
Name of the project:	

COMPANY/ORGANIZATION
Name:
Mailing address:
Website:

INTERNSHIP SUPERVISOR WITHIN THE COMPANY/ORGANIZATION	
Last name (Ms./Mr.):	First name:
Job title:	
Email:	Tel. No.:
Mailing address:	

INTERNSHIP FIELD OF APPLICATION

SHORT PROJECT DESCRIPTION (INCLUDING BUSINESS OBJECTIVES)

SHORT-TERM GOALS OF THE PROJECT (I.E., FOR ONE SEMESTER)

LONG-TERM GOALS OF THE PROJECT (I.E., FOR TWO SEMESTERS)

EXPECTED OUTPUT OF THE PROJECT

STARTING AND ENDING DATE OF THE INTERNSHIP PROJECT

SPECIFIC REQUIREMENTS AND/OR SKILLS (IF ANY) WITH REGARD TO THE CANDIDATE

ADDITIONAL COMMENTS AND/OR INFORMATION

Please send the completed document to the GSEM Student Services, Uni Mail, 3rd floor, Office 3287A, or by email to gsem-business-analytics@unige.ch.