

## Master in Wealth Management

Internship Application

STUDENT	
Last name (Ms./Mr.):	First name:
Email: @etu.unige.ch	Registration No.:
Mailing address:	Tel. No.:
COMPANY	1
Name:	Website:
Mailing address:	
Internship Supervisor:	
Email:	Tel. No.:
INTERNSHIP	
Supervising GSEM Professor:	
Dates:	Duration:
Internship topic:	2 4 4 4 4 4
DECISION	
The Master Coordinator certifies that the student has the required credits.	
Student situation: ECTS / 48 ECTS	
Coordinator's signature:	Date:
☐ Yes, the student is authorized to take the internship.	1
□ No, the student is not authorized to take the internship.	
☐ The student can present another internship application within a month from when the decision is communicated.	
Scientific Committee Director's signature:	Date:
If the application has been accepted, the 'Internship Agreement' form must be completed.	
Date: Student's signature:	
Date: GSEM Professor's signature:	
Date: GSEM Professor's signature:	

Please send the completed and signed document to the GSEM Student Services, Uni Mail, 3<sup>rd</sup> floor, Office 3287A, or by email to <u>gsem-wealth-management@unige.ch</u>.