

Logistics Internship Approval Form



Personal Information

Family name:	
First name:	
Email:	
Class:	
Academic advisor:	

Internship Information

Starting date:	
Ending date:	
Company:	
Industry:	
Address:	
Postal code:	
City:	
Country:	
Department:	
Supervisor's family name:	
Supervisor's first name:	
Supervisor's email:	

Internship Content

Expected regular tasks:	
Expected project task:	