**Internship Attestation**

**Important** : Once the internship is completed, the present form, together with the internship report, must be filled in by the provider of the internship. The student must then return the form to [mdev-mia@graduateinstitute.ch](mailto:mdev-mia@graduateinstitute.ch) *no later than one month after the end of the internship*. The MINT Academic Coordinator will decide on the validation of the internship report. The internship report (1’500 to 3’000 words) must include the following elements: activities conducted, knowledge acquired, competences used and acquired, etc.

**To be completed by the student**

**Study programme: MDEV**  **MIA**

Name, first name(s): Click here to enter text.

File n°Click here to enter text. Semester: Click here to enter text.

Name of the company providing the internship: Click here to enter text.

Address: Click here to enter text.

Subject of the internship: Click here to enter text.

Dates of the internship: Click here to enter text.

**To be completed by the person in charge of the internship**

Name of the person in charge of internship: Click here to enter text.

Function /Title: Click here to enter text.

I certify that Ms/Mr Click here to enter text. student at the IHEID, Geneva, has completed an internship under my supervision from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ doing Click here to enter text. hours per week during Click here to enter text. weeks (total number of hours Click here to enter text.).

**With the present form I also validate the enclosed internship report written by the student**

Signature of the person in charge of the internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter text.

**To be completed by the MINT Academic Coordinator:**

**Decision to grant credits for the internship YES** 🞏 **NO** 🞏

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_