



Student's name	: .....	StudentID	: .....
Address	: .....	Year of first registration	: .....
Postal code	: .....	City	: .....
E-mail	: .....	Tel	: .....
Master programme	: .....	Variant	: R / CE / S minor/major
Master coordinator	: .....		

**Host organization information**

Research Institute : ..... Room nr: .....

Research group : .....

Supervisor : .....

Daily Supervisor : .....

Second Reviewer : .....

Title of research project or internship: .....

**Time table**

Starting date : ..... Final date:.....

Interruptions : ..... / .....

Credit points : ..... EC

Workload : ..... weeks ..... hours/week

**Supervision**

Frequency consultation internship supervisor: .....

Frequency consultation daily supervisor : .....

Interim assessment(s) : .....

**Date, names and signatures**

.....

Student Supervisor(s) Master coordinator

Amsterdam, .....

*To be attached:*

**Description of the project**

*(containing detailed time table with interim goals: total length ½ A4 page)*

Hand in the signed Research Training Contract at the Servicedesk ESC, Science Park 904, or send it to: Servicedesk ESC, Examination Board ..... *(fill in discipline)* Examination Board, P.O.Box 94214, 1090 GE Amsterdam