Eötvös Loránd University
Faculty of Informatics
Contact: okt_asszisztens@inf.elte.hu

ACCEPTANCE STATEMENT FOR INTERNSHIP

*The acceptance statement is to confirm that the student at the **Computer Science BSc** course of ELTE Faculty of Informatics is able to accomplish his/her complusory 8 weeks internship according to the training and graduation requirements of the programme at the chosen institution and along the framework detailed below.*

1. **Information about the student**

   Student's name: *Example Name*

   Student's code: *XYZWQE*

   Year studies were commenced: *2020*
   Phone number: *1234567*
   E-mail: *example@inf.elte.hu*

2. **Information about the selected institution**

   Name of institution: *Demo Institution*

   Address: *Budapest, Demo street 5*

   Phone number: *+36 111111111*

   Web page: *https://demoinstitution.hu*

   May be the same name!

	Contact	Student's professional supervisor
Name	*Institution ContactName*	*Supervisor Demoname*
Department	*IT group*	
Post	*PostBox 1000*	
e-mail	*supervisordemo@demo.instition*	
Phone	*+361234568*	

   Must contain hours too!
   Exactly 320 hours all

3. **Information about the internship**

   Internship commence: *01.07.2022*   finish: *31.08.2022*   schedule: : *40 hours/week, 320h*

   Must be punctual!
   Finishing date must be later than start!

   Department name: *IT group*

   Tasks assigned to the student:

   Task description…

4. **Statement**

   In the name of the institution (organization, company) above I agree, that the named student will carry out his/her internship along the conditions detailed above.

   Date: ___*03.02.2022*_____   Readable name, signature *Responsible Person*, *Responsible Person*

   Date should be earlier than starting date!

seal

On behalf of ELTE Faculty of Informatics I approve the acceptance statement.

Date: _____   *Signature:_____*

Vice-dean for Education