



Cooperation Agreement

The placement's aim is that the student should acquire practical experience in relation to the courses he/she has followed during his/her studies. The programme for the placement will be set in cooperation between the supervisor at LTH, the host company/organisation/university, and the student. Throughout the training period/field work the trainee/field worker will remain a student of Lund University, LTH.

This agreement governs the relation between LTH and the host company/organisation/university for the below named student, concerning the training period/field work to be conducted.

Time period (date, yyyy-mm-dd):

From _____ To _____
—

Student contact info:

Name _____ Personal identity number _____ Programme at LTH _____

Postal Address _____

E-mail _____

Telephone _____

LTH supervisor contact info:

Name _____ Department at LTH _____

Postal Address _____

E-mail _____

Telephone _____

Company/organisation/university contact info:

Name _____ Host Company/University/Organisation _____

Postal Address _____

Country _____

E-mail _____

Telephone _____

.....
Signature student _____ Date _____

.....
Signature LTH supervisor _____ Date _____

.....
Signature Host contact person _____ Date _____

Send the signed form to Cecilia Nilsson (cecilia.nilsson@lth.lu.se) to receive the insurance certificate.