To the Head of the Public Policy Department

 Prof. N.Y. Belyeva

 from student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ year of study

 APPLICATION

I would like to submit for you approval the place of my Research Internship in (name of the organization, contacts, website, phone, e-mail).

Contact information of the person who supervises the internship at the place of training:

Scientific Supervisor (Full Name)

Signature of Scientific Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date «\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

**Программа прохождения**

**научно-исследовательской практики / Program of Research Internship**

|  |  |
| --- | --- |
| **ФИО/Full Name:** |  |
| **Курс, группа /Course, Studying Group:** |  |
| **Период прохождения практики/ Duration of the Internship:** |  |
| **Руководитель практики от кафедры (научный руководитель)/Supervisor of internship from the Department:** |  |
| **Руководитель практики от принимающей организации/Supervisor of internship at the Host Organization:** |  |
| **Место прохождения/ Place of internship:** |  |
| **Подразделение, в котором проходит практика/Department/unit of internship at the Host Organization:** |  |
| **Цели практики/ Internship goal** |  |
| **Задачи практики/Internship Tasks:** |  |
| **Этапы практики/Stages of internship:** |  |
| **Мероприятия практики/Events/type of work planned for the internship** |  |
| **Планируемые результаты/ Expected Research Results:** |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_подпись студента/

Signature of student

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_подпись руководителя практики от НИУ ВШЭ/

 Signature of internship supervisor at the NRU HSE