|  |
| --- |
|  To the Academic Supervisor |
| of the Master’s Programme |
| Dr. Dirk Meissner |
| from |
|  |
| Group: |
| Email: |

 APPLICATION

I submit for you approval the place of my research internship:

|  |  |  |
| --- | --- | --- |
| Organization (full name) | *English (if available)* | *Russian (if available)* |
| Department | *English (if available)* | *Russian (if available)* |
| Web-site |  |
| Email |  |
| Phone |  |

Supervisor at the internship organization:

|  |  |  |
| --- | --- | --- |
| Surname | *English (if available)* | *Russian (if available)* |
| Name | *English (if available)* | *Russian (if available)* |
| Middle Name (if any) | *English (if available)* | *Russian (if available)* |
| Position | *English (if available)* | *Russian (if available)* |
| Email |  |
| Telephone |  |

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_

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