

## APPENDIX 6

## 2014 REGISTRATION FORM CME2100 INTERNSHIP

Surname / family name	
Initials of given names	
First name /forename	
Gender	female / male *
Country of origin	
Student number	
Address	
Postal code + town	
Telephone number	
Current e-mail address:	
BSc degree?	Yes / no* <i>For participation of this course (CME2100) the Bachelor diploma has to be obtained. A copy of your BSc diploma has to be handed in at the CME Secretary Office (well) before the internship commences.</i>
If BSc has been completed, at what institution and what study programme?	Institution: Study Programme:
MSc programme?	CME / other: * ...
Study points obtained in MSc?	Ca. .... ECTS
Preference for traineeship period	period 1 / period 2 / period 3 / period 4 / summer *
Preference for type of company	- contractor / government organisation / non-governmental organisation / engineering consultancy * - small / medium / large * - the Netherlands / abroad * - specialising in the area of:
Remarks	
Questions	◊ Do we have your permission to possibly pass on your data to fellow students who may have similar interests? Yes/no* ◊ Would you, at some stage, be prepared to assist with traineeship promotion activities (such assistance is always greatly appreciated!) Yes/no*
Date of submission	

Did you receive a copy of the CME Internship MANUAL and did you thoroughly acquaint yourself with its contents?

When you did, please sign here .....

You are kindly requested to complete this form and hand it in – together with a copy of your student card and its appendix (the latter proving your registration as a MSc student in CME) and a copy of your BSc diploma - to the CME Secretary Office, room 3.40, as soon as possible. Please make sure to write clearly.

\* Delete what is not applicable