École supérieure d’art Avignon

500 chemin de Baigne-Pieds

84000 Avignon

Tel : 04 90 27 04 23

**INTERNSHIP AGREEMENT**

This supplementary clause completes the agreement governing the relationship between:

ESAA represented by its Admin Director Raphaëlle Mancini,

and

The student intern: …………………………………………………………………………

Course followed : ………………………………………………………………………………………

Study year : ………………………………………………………………………………

And

The host organisation : ………………………………………………………………….….

Address : ……………………………………………………………………………………..

Represented by : ………………………………………………………………………….

**ARTICLE 1 : Duration of internship**

The internship will last from ………………… to ……………………

Location of internship : ………………………………………………………………………………….

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **The Admin Director of ESAA** | **The representative of the host organization** | **The internship**  **tutor at ESAA** | **The student** |
|  |  |  |  |