



**INTERNSHIP CREDITS RECOGNITION FORM**

Student's name:

University ID number:

Registered for 20...../.....,

year




of the Master's degree programme in Management of Innovation and Entrepreneurship

**ASKS TO BE ASSIGNED 6 CREDITS FOR**

Internship

▪ **Description:**

.....

.....

.....

.....

.....

.....

.....

.....

Member of staff approval	
Date .....	Signature .....

This module must be filled in and signed by the member of staff responsible for internships and other activities in the relevant degree programme. The member of staff will give the module to the administrative office. Modules delivered by the students will not be accepted.