

## INTERNSHIP AGREEMENT FORM (EMPLOYER'S FORM)

Please fill, scan and send this form to the Head of professional training at [aura.navarro@umontreal.ca](mailto:aura.navarro@umontreal.ca)

Internship semester:

Year :

### STUDENT

Family Name:

First Name:

Student's signature

OR Email of acceptance

### EMPLOYER

Company or Organization:

Address:

### CONTACT PERSON

Internship supervisor or Manager:

Title:

Phone number:

Email:

Coach or Reviewer:

Title:

Email:

Does the employer have a translation department?      **Yes**      **No**

*Number of translators:*      *Number of reviewers:*

Is the contact person a member of a professional association?      **Yes**      **No**

*Specify:*

Translation:	General	Specialized
1. <i>Generalization</i>	Generalization	Specialization
2. <i>Specialization</i>	Specialization	Generalization
3. <i>Abstraction</i>	Abstraction	Concretization
4. <i>Concretization</i>	Concretization	Abstraction
5. <i>Refinement</i>	Refinement	Coarsening
6. <i>Coarsening</i>	Coarsening	Refinement
7. <i>Verification</i>	Verification	Validation
8. <i>Validation</i>	Validation	Verification
9. <i>Testing</i>	Testing	Deployment
10. <i>Deployment</i>	Deployment	Testing

*Specify the fields:*

Source language: **English** **French**

Internship start date: \_\_\_\_\_ Internship end date: \_\_\_\_\_

Hourly rate: \$ / hour

Does the intern have to meet performance requirements?    **Yes**            **No**

*Specify:*

**Employer's signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**APPROVAL (UdEM)**

Approval : \_\_\_\_\_ Date: \_\_\_\_\_  
Head of professional training

TRA2001	TRA3001	TRA3002	TRA2950H	TRA2900	TRA6515	TRA6520
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Registration (TGDE): \_\_\_\_\_ Date: \_\_\_\_\_