Université de Montréal

Faculté des arts et des sciences
Département de linguistique et de traduction

INTERNSHIP AGREEMENT FORM (EMPLOYER'S FORM)

Please fill, scan and send this form to the Head of professional training at dominique.bohbot@umontreal.ca

Internship semester: □ Fall □ Winter □ Summer **Year**: _____

STUDENT

Family Name: _____ **First Name:** _____

Identification number: _____ **Student's signature OR Email of acceptance:** _____

EMPLOYER

Company or **Organization**: _____

Address: _____

CONTACT PERSON

Internship supervisor or **Manager:** _____
Title: _____ **Phone number**: _____

Will the student be coached during the internship? **Yes** □ **No** □
Coach or **Reviewer:** _____
Title: _____

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** □ *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

Approval: _____ Date: _____
Head of professional training

□ TRA2001 □ TRA3001 □ TRA3002 □ TRA2950H □ TRA2900 □ TRA6515

Registration (TGDE): _____ Date: _____
TGDE

May 2018