

**INTERNSHIP AGREEMENT FORM
(EMPLOYER'S FORM)**

Please fill, scan and send this form to the Head of professional training at aura.navarro@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