

**STUDENT INTERNSHIP APPLICATION FORM**

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| **SURNAME**  | **FIRST NAME**  |
| **DATE AND PLACE OF BIRTH**  |
| **NATIONALITY**  |  **GENDER: M / F** |
| **ADDRESS**  |
|  |
| **TELEPHONE (During the day):** **E-mail:**  |
| **MOTHER TONGUE**:  |  |
| Language |  WRITING |  READING |  SPEAKING |
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|  |  |  |  |
|  |  |  |  |
|  SPECIFY: EXCELLENT/GOOD/FAIR/POOR |

**Indicate your AREA OF Interest from ONE OF the drop down lisTS**

1. **Space System related Engineering :**
2. **Space related Science :**

 **3. Operations:**

**4. Business Administration and Services :**

**HIGH SCHOOL**

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| --- | --- | --- | --- |
| SCHOOL (name, town, country) | DATES | DIPLOMAS | MAJORSUBJECTS |
|  FROM | TO |  |
|  |  |  |  |  |
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|  |  |  |  |

### COLLEGE/UNIVERSITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  NAME OF INSTITUTE(name, town, country) |  DEGREE TITLE | DATES | CURRENT YEAR OF STUDY | MAJORSUBJECTS |
|  |  FROM |  TO |
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 **SURNAME…..........................………………………FIRST NAME..................................…………………………….**

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| DESCRIBE IN DETAIL THE FIELD(S) OF STUDY IN WHICH YOU HAVE SPECIALISED |
| GIVE A BRIEF DESCRIPTION OF ANY RESEARCH, THESIS OR TRAINEESHIP YOU HAVE COMPLETED |
|  DESCRIBE IN DETAIL IN WHICH FIELD YOU WISH TO CARRY OUT YOUR TRAINEESHIP AND WHY?  |
|  WHY ARE YOU APPLYING TO ESA? |
|  WHEN DO YOU WISH TO BEGIN AND FOR HOW LONG?(Please note: in principle max. length 6 months, min. length 3 months, take up duty can only take place on the 1st or the 15th of each month) |
| **I certify that the statements made in answer to the questions are true, complete and correct to the best of my knowledge. I undertake to produce on request supporting documents such as my passport or identity documents, diploma(s) and/or certificates. I declare that I have never been convicted by a court of my nation nor have I been convicted by any court in any country in which I have resided. I have no criminal record.**DATE: SIGNATURE:  |

 