***Appendix 6***

 To the Academic policy

**Program of the internship/practice of the doctoral student**

Full name of the doctoral student:

Program / Specialty:

Country:

Organization:

Duration (dates):

Topic:

Purpose of the internship / practice:

Necessary inventory / resources:

Expected results:

**Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| № | Activity  | Dates  | Used technologies and research methods | Reporting form  |
|  |  |  |  |  |
|  |  |  |  |  |

Agreed:

Director of the Institute / NSPP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Scientific Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Name /

/signature/

2 Scientific Advisor \_\_\_\_\_\_\_\_\_\_\_\_ / Name /

 /signature/

"\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_

Contributed by:

Doctoral student \_\_\_\_\_ / Full name

"\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_