



ASSOCIATION FOR STIMULATING KNOW HOW
INTERNSHIP APPLICATION FORM

Name:

Address:

Country:

Phone:

E-mail:

Present University/ Institutional Affiliation:

Area of Study:

Degree Expected (Tick):

Master

Doctorate

Other



Requested Dates for Internship:

From _____ To _____

Briefly Explain Your Reasons for Applying for the Internship Program: