**Agreement**

I, the undersigned, agree to supervise the following student from Mid Sweden University.

Students Name: ………………………………………………………………………

University contact: **Mid Sweden University**

 Department for psychology and social work

 SE 831 25 Östersund

 Sweden

 Our reference: Johanna Björkdahl

Host Organisation:………………………………………………………………………

………………………………………………………………………

………………………………………………………………………

………………………………………………………………………

Name of Supervisor: ………………………………………………………………………

Supervisors formal education/ title: ……………………………………………………………

Duration of internship: …..September 20… until … December 20….

Signatures: ......................................................... Date: ………………

Supervisor

......................................................... Date: ………………

Ulrika Danielsson

Head of department

 Mid Sweden University