Master program: Pharmaceutical sciences

Master 1 Course: Development of Drugs and Health Products

Firm/Laboratory/public body:

Address:

*Trainee supervision:*

Tutor’s name:

Position:

Email:

Phone:

Internship period:

**Title of the project:**

*Please briefly describe (1 or 2 pages), (1) the general context and positioning of the project, (2) the objectives of the internship, and (3) a summary of the scientific/technical program.*