

TRAINING WORK SCHEDULE Cognitive Artificial Intelligence

Trainee

.....	(name)
.....	(studentnumber)

Training Provider

.....	(name)
.....	(adress)
.....	(zipcode/city)

Training Supervisor¹

.....	(name)
.....	(position)
.....	(email)

Training Instructor(s)

1.....	(name)
.....	(email)
1.....	(name)
.....	(email)

Training period

From-.....-..... tillt-.....-..... # hrs per week:

Justification of the choice of the organisation providing the training, considering your study and specialisation:

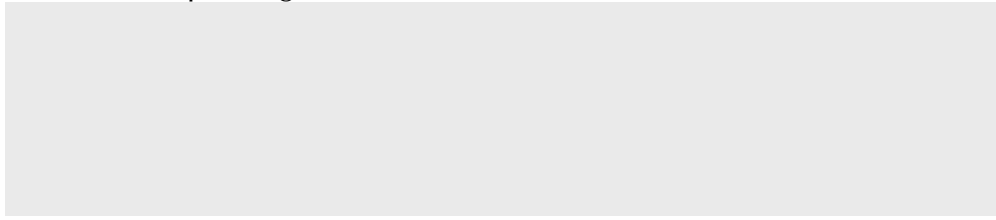
.....

Training assignment:

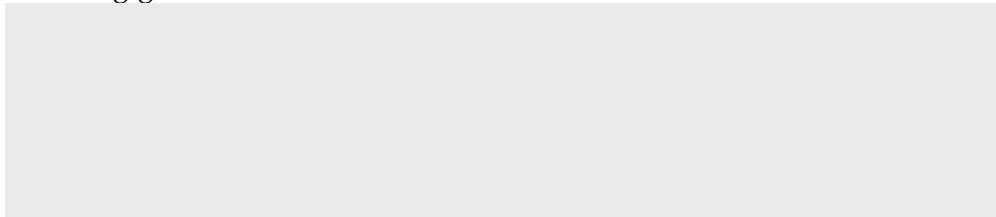
.....

¹ Training Supervisor is affiliated with company or institute providing the training. Training Instructor is a lecturer or researcher affiliated with one of the CKI-related discipline groups of Utrecht University.

Content and phasing of the activities to be carried out:

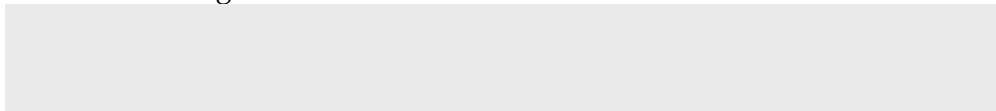


Learning goals:

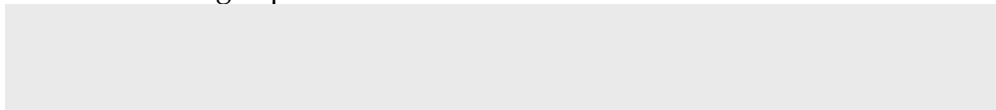


Agreements on supervision:

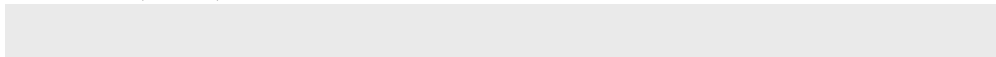
- with training instructor:



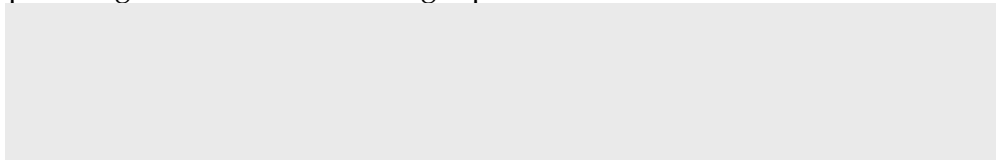
- with training supervisor:



credits (ECTS):



planning of the written training report:



Signature:



Trainee



Training
Supervisor



Training
Instructor

Please submit to student advisor / training coordinator Noor Blaauw.