



INTERNSHIP* APPLICATION FORM AT NON-AGREEMENTS FACILITY

NAME _____ SURNAME _____

DEGREE PROGRAM° _____

STUDENT ID N° _____ YEAR OF STUDY _____

INTERNSHIP SUPERVISOR _____

TOTAL HOURS _____

SHORT DESCRIPTION OF THE ACTIVITY

DATE _____ STUDENT'S SIGNATURE _____

PLEASE ATTACH A LETTER OF ACCEPTANCE FROM THE HOST INSTITUTION

TO BE COMPLETED BY THE DEGREE PROGRAM BOARD

DATE _____ SIGNATURE OF THE DEGREE
PROGRAM BOARD COORDINATOR _____

*The internship at a non-affiliated institution can only be authorized for companies/organizations operating within the national territory.

Sede

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