

Object: REQUEST INTERNSHIP OF TRAINING AND ORIENTATION (Rif. Convention stipulated on date ______ Log. N. _____)

						To Coordinator	
The Intern (surname/name)			Serial n°				
Fiscal Code							
Гhe Based in							
Phone							
Enrolled in the faculty							
In the Academic Year							
Enrolled in the Acade	mic Year	/		_ •	_ ,,		
		REQUEST					
Internship's activity at	(Host company)	•					
Site/s of internship (plai							
Access to the company's locals (days - from hour to hour)				Company's Tutor			
Period of internship (ho	urs in total) from _	to					
Insurance policies: - Acci	dents at work position n responsibility n. 793014		Н;				
- Pursuant to L.D. 81/08 and legislation are the host enti		863/98 the obligations r	elating to co	mpliance w	rith workplac	e safety	
Goals and modality of i							
Facilitations provided:							
Intern's Obligations: 1) orientation project 2) Respe or other eventualities 3) Focompany, both during and af	ct the indications of the despect confidentiality of	Company's tutor and Ed obligations regarding p	ucation's tut roduction p	or and tell rocesses, p	them for any roducts or r	organizations needs news related to the	
PLACE AN	D DATE			SIGN	IATURE OF	INTERN	
							
STAMP AND SIGNATUR	E OF INSTITUTION,	HOST COMPANY					
SIGNATURE OF ACADE	MIC TUTOR						
AUTHORIZED BY COOR	DINATOR OR HIS D	ELEGATE					

N.B. the compilation is $\underline{\text{OBLIGATORY}}$ in all its fields. Incomplete requests will be rejected.

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