

Identification Form and Statement of Acceptance of the Receiving Institution and the Supervisor

1 – Identification of the Internship

Note: In the “Course” field, state whether it is a Bachelor’s or Master’s degree and the name of the course.

Student: _____
 Advisor: _____
 Course: _____
 Period: _____ From ____ / ____ / ____ to ____ / ____ / ____

2 – Receiving Institution

Name of the institution: _____
 Address: _____
 Postal Code (Full): _____
 Telephone: _____ Fax: _____
 E-mail: _____
 Core business: _____ SIC code: _____

3 – Identification of the Supervisor

Name: _____
 Telephone: _____ Mobile phone: _____
 E-mail: _____
 Main activity / Position held in the institution: _____

3.1 - Curricular Notes

Academic Qualifications:	
Qualifications and Professional Activities: (Professional status, category, duties)	
Complementary Training: (Participation in courses, conferences, etc.)	
Other information considered relevant:	

4 – Statement of Acceptance

Statement of Acceptance of the Receiving Institution	Statement of Acceptance of the Supervisor
Date:	Date:
Signature:	Signature: