IDENTIFICATION FORM AND TERMS OF ACCEPTANCE OF THE HOST ENTITY AND SUPERVISOR'S ACCEPTANCE

1 – Identification of the traineeship

Note: In "Degree" indicate if it is Undergraduate Degree or Master's Degree and the name of the course.

Student: _____

Supervisor: _____

Degree: _____

Duration: From ___ / ___ / _____ to ___ / ___ / _____

2 – Host Entity

Name of the entity: _____

Address: _____

Post Code (Complete): |_|_|_|_|-|_|_|_| _____

Telephone: |_|_|_|_|_|_|_|_|_| E-mail: _____

District _____ Municipality _____ NUT III _____

Tax payer number: _____

Main activity: _____ CAE: |_|_|_|_|_|

3 – Identification of the Supervisor

Name: _____

Telephone: |_|_|_|_|_|_|_|_|_| Mobile phone: |_|_|_|_|_|_|_|_|_|

E-mail: _____

_____

Main activity/Position held in the entity: _____

3.1 – Supervisor's CV (brief remarks)

Academic qualifications:	
Professional qualification and activities: (Professional situation, position, functions)	
Other relevant information:	

4 – Term of Acceptance

Term of Acceptance of the Host Entity	Term of Acceptance of the Supervisor
Date: Signature:	Date: Signature:

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