



# TRAINEESHIP PLAN

Academic Year 20\_\_ / 20\_\_

Student:

Degree:

Traineeship  
Supervisor:

Traineeship  
location:

## PLAN OF THE ACTIVITIES TO BE DEVELOPED DURING THE TRAINEESHIP

### Traineeship Identification

**Student:**

E-mail:

Degree:

**Supervisor:**

E-mail:

Traineeship duration: 2<sup>nd</sup> Semester

Academic Year:

Beginning:

End:

### Host Entity Identification

**Entity:**

Address:

Telephone:

Mobile  
phone:

E-mail:

Main activity:

**Supervisor:**

Contact:

e-mail:

**Other:**

### Traineeship Goals

## Main Activities to be Developed

Activities	Goal	Tools to be used

**Supervisor**

---

**Trainee**

---