

Application for Curricular Internship / Project / Dissertation (Master's Degree)

To the Masters Coordinating Committee,

The Student						, with
internal No, mobile phone No	, enro	lled i	n the 2	nd year o	of the	e Master's
degree in						hereby
requests your approval to undertake the curricular internship /	/ project /	/ diss	ertatio	n (strike d	out wh	at does not
apply) in the field of	from _	/_	_/	to _	/	_/,
under the guidance of the advisor,						
the co-advisor,						,
and the supervisor,						,
at the receiving institution				, und	er the	e terms of
current Regulations (enclosed):						

- □ Identification form and statement of acceptance of the receiving institution and the Supervisor (Mod5.203);
- Programme and abstract of the proposed internship / project / dissertation, subscribed by the
 Advisor, the Supervisor (for internships) and the Student;
- □ Statement of acceptance of the Advisor / Co-advisor / Supervisor (Mod5.204)

Note: Any communication / information necessary for this procedure shall be made via the institutional email.

Coimbra, ____ ____

Requests Acceptance

To be completed by the Masters Coordinating Committee				
Decision: \Box Accepted;	□ Rejected			
Rmks.:				
Date: / /	_; The Masters Coordinator:			





