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: Signature:	Date: Signature:

PRR Plano de Recuperação e Resiliência
REPÚBLICA PORTUGUESA
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