

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):

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--	--	--	--	--	--	---	--	--	--

Telephone:

--	--	--	--	--	--	--	--	--	--

E-mail: _____

District

Municipality

NUT III

Tax payer

number: _____

Main activity: _____

CAE:

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3 – Identification of the Supervisor

Name: _____

Telephone:

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Mobile phone:

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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:	Date:
Signature:	Signature: