



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 2nd Semester

Academic Year:

duration: 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