



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
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Supervisor

Trainee