

**ATTACHEMENT 1****TRAINEE INFORMATION**

First name _____ Surname _____
Academic ID _____ Mobile phone _____
Email address _____

Regularly enrolled in the graduate program (tick the relevant box and specify):

Triennale Specialistica Magistrale in _____

UNIVERSITY TUTOR

Prof. _____
Phone _____ e-mail: _____

COMPANY TUTOR

Name: _____ Role/Position: _____
Phone _____ e-mail: _____

TITLE OF THE THESIS PROJECT (even provisional)

INTERNSHIP INFORMATION**Place of the internship****COMPANY / ORGANIZATION / FOUNDATION INFORMATION**

Name: _____
Address: _____
Phone: + _____ Fax + _____
E-mail: _____ website: _____

Any other place of the internship

Name: _____
Address: _____
Phone: + _____ Fax + _____
E-mail: _____ website: _____

Period of the internship

From _____ / _____ / _____ to _____ / _____ / _____

Total amount of hours per week (1) _____

Total amount of days per week (1): _____

Total amount of hours: _____

(1) The amount of the above estimated hours can change according to the student/host Institution needs. The daily hours may not exceed those provided for the staff of the company/institution.

Stamp and original signature
of the **University Tutor**

Stamp and original signature of the
Host Institution Tutor

Pisa, _____