



UNIVERSITÀ
DEGLI STUDI DELLA
TUSCIA

DIPARTIMENTO
DI SCIENZE ECOLOGICHE
E BIOLOGICHE

FORM FOR REQUESTING INTERNSHIP AT AN INTERNAL FACILITY

Name _____ Surname _____

Degree programme _____

enrolled in the [year] _____ .

INTERNSHIP COORDINATOR _____ ,

NUMBER OF HOURS EXPECTED _____

BRIEF DESCRIPTION _____

Date,

THE APPLICANT

SIGNATURE OF ACCEPTANCE BY THE TEACHER
