



UNIVERSITÀ
DI SIENA
1240

The President

Teaching Committee for the degree in _____

Matriculation no. _____

I (name, surname) _____

Born in (city, country) _____ on _____

Italian tax code (Codice Fiscale) _____

Mobile phone _____ university email address _____

resident in _____ (_____)

enrolled for the academic year _____ on the _____ year *up to date/not up to*

date with exams (fuori corso) on the *First /Second Cycle* degree in _____

_____ curriculum _____ class _____

HEREBY REQUEST

The approval of the following proposal of (*cross the relevant box*)

TRAINEESHIP/WORK EXPERIENCE

internal curricular

external curricular

For a total number of _____ hours (_____ credits/CFU) (1 credit/CFU = 25 hours)

THESIS INTERNSHIP

For a total number of _____ hours

OTHER (*specify*)

At (place) _____

Objectives: _____

Period from _____ to _____

Head of Department (host department)¹ _____

Signature _____

University Tutor _____ Title _____

Signature _____

Company Tutor _____ Title _____

Stamp and signature _____

Siena, (date) _____

Legible signature of the student

Didactics Committee during the meeting on _____

approves

does not approve

PRESIDENT OF DIDACTICS COMMITTEE

¹ Only for University of Siena's Departments