

FORM FOR INTERNSHIP APPLICATION AND DEGREE THESIS ASSIGNMENT
(D.M. n. 270/2004)

The undersigned _____ born in _____
 Prov. ___ Country _____ on ___/___/___ Gender M() F() Fiscal Code _____ Matricola n° _____
 Resident in Via _____ City _____
 Prov. _____ CAP _____ Country _____, domiciled in via _____
 City _____ Prov. _____ CAP _____ Country _____ Phone number _____
 Mobile number _____ e-mail _____
 _____ enrolled to _____ of Master Degree Innovation
 Development in Agri-Food Systems, Department of Soil, Plant and Food Sciences of University of Bari Aldo
 Moro, after having read

- The plan of study
- The tirocinio (internship) Regulation of University of Bari Aldo Moro

REQUESTS

To carry out the internship (tick the chosen box)

- at the hosting Institution/Company _____ already affiliated
- at the hosting Institution/Company _____ that wants to affiliate
- at the hosting Institution/Company that will be assigned by the Internship Commission of the Master Course

DECLARES

- having acquired the credits provided by the Regulation of the Master Course
- not having performed any internship promoted by University of Bari Aldo Moro
- having no familiarity up to the fourth degree of kinship with the owner/legal representative/technical director/partner/general partner, or anybody having representative powers of the hosting Institution/Company
- not having working relationships with the hosting Institution/Company

INDICATES

The following training project: _____
 _____ and the following favourite times
 for performing it: from _____ to _____ or from _____ to _____

The name of Prof./Dott. _____ as his/her Tutor/Thesis Supervisor

Sincerely

Bari ___ / ___ / ___ _____

COMMISSION'S OUTCOME

ASSIGNMENT: _____

UNIVERSITY TUTOR/THESIS SUPERVISOR: _____

Bari, _____

THE COORDINATOR OF THE COURSE
