

UNIVERSITÀ DEGLI STUDI DI TORINO

REQUEST FOR INTERNSHIP VARIATION

HOSTING INSTITUTION (NAME): ...........................................................................................................................................

TEL/FAX/E-MAIL: ................................................................................................................................................

HOSTING INSTITUTION TUTOR SURNAME AND NAME : ......................................................................................................

STUDENT SURNAME/NAME: ..........................................................................................................

MATRICOLA ........................................................................................................................................

E-MAIL............................................................ TEL.................................................

The host company/institution, considering what is defined in the Training Project, and in agreement with the trainee, communicates the request to:

□ EXTENSION OF THE TRAINEESHIP FROM............................TO .................................................................BECAUSE: ........................................................................................................................................................................................................

□ SUSPENSION OF THE TRAINEESHIP FROM………TO………BECAUSE………………………………………………

□ TUTOR NAME VARIATION IN .........................................................................................................................................

□ ADDRESS OT TIMETABLE VARIATION……………………………………………………………………………………

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hosting institution signature Student signature

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Considering that the trainee can interrupt the traineeship at any time and that the hosting institution can

interrupt the internship if the trainee does not respect the rules signed in the training project,

* the student ………………………………………….
* the tutor …………………………………………….

Ask to interrupt the internship for the reason……………………………………………………………..

date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill in and send to: **jp.scienzeumanistiche@unito.it**