UNIVERSITÀ DEGLI STUDI DI MILANO

TO THE INTERNSHIP OFFICE OF THE UNIVERSITY OF MILAN

stage@unimi.it

Curricular internship at the University of Milan

(for students enrolled at other Italian or foreign universities)

I, the undersigned _____, Tax ID (*codice fiscale*) _____,

e-mail _____, telephone no._____

enrolled at the University: _____, matriculation no. _____

Study programme: _____

REQUEST:

- To take a curricular internship at the University of Milan, at _____(specify the Department, office, etc.)

- To take the internship from _____ to _____ (the start date should be at least 30 days after the date of the request).

  NB The dates specified here are provisional; the actual internship period will be indicated in the training programme or in the internship agreement.

CONFIRM:

- That I have previously contacted Mr./Ms./Prof. _____, e-mail _____, who has declared his/her willingness to serve as tutor for my internship at the University of Milan;

- That I meet the requirements of my study programme to access the curricular internship.

COMMUNICATE:

- The following contacts and websites of my home University, to be used for the activation of my internship:

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- That I have attended the following courses on work safety:
  ☐ None;
  ☐ General training course;
  ☐ Specific training course - low level;
  ☐ Specific training course - intermediate level;
  ☐ Specific training course - high level.

Date………………………

Student's signature ……………………………………………