



**Internship application for the Bachelor's  
Degree Courses (L):**

Scienze e Tecnologie Agrarie (L) - D.M. 270  
Scienze e Tecnologie Alimentari (L) - D.M. 270  
Scienze Forestali ed Ambientali (L) - D.M. 270 and CC

**To the Magnificence Dean  
of the Università Politecnica  
delle Marche**

To the Director of the Department of  
Scienze Agrarie, Alimentari ed  
Ambientali

The undersigned.....Number.....  
born on..... in ....., residing in .....,  
prov....., P.O. box..... address.....  
....., tel. .... mobile. .... e-mail .....  
Fiscal Code ..... enrolled/graduated, Academic year ..... / .....  
at ..... year of Bachelor's Degree(L) in .....

**requests**

to supplement the application for entry, to be admitted, for the same Academic year, to the internship specified below:

- ☐ Pre-degree Internship (Bachelor's Degree - L)  
To this end the undersigned declares to have achieved 54 ECTS credits.
- ☐ Post-degree Internship (within 12 months following the degree)

*The undersigned shall also attach the **Education Project (in two originals)** duly completed, and the **Transcript** completed with regard to the part of his/her competence.*

The above statements are made by the undersigned aware of the penalties for false declarations (Decree of the President of Republic dated 28<sup>th</sup> December 2000 n.445)

.....  
(place and date)

.....  
(signature of the student)

**Section reserved to the competent administration body**

Decision/resolution of .....  
in date.....

**SUBJECT: Degree Internship (L)**

The application referred to the student ..... Number .....,  
the month of start and end, the location and the contact details of the Internship set out in the  
Education Project are hereby approved.

Name of the Academic Advisor .....

**Signature of the competent administration body** .....

**Deputy Director** .....