



**EDUCATIONAL PROJECT OF THE MASTER'S DEGREE INTERNSHIP (LM)**

**(Section reserved to the department)**      *Ref. Convention concluded on* .....

**Student** ..... *Number* .....

*Born in* ..... *on* .....

*Residing in* ..... *Fiscal Code* .....

*Tel.:* .....

*Current state (tick the appropriate box):*

*Student of the Master's Degree (L) in* .....

*Graduate in* .....

*(tick if disabled)*      *yes*      *no*

**Host structure** ..... *Tel.:* ..... *Fax:* .....

*Head Office and contact details of the Internship (Establishment / Unit / Office / Institute)*

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*Address* .....

*e-mail* .....

**Duration of the Internship** \*: *Start (month)*.....*(year)*..... **End** *(month)*.....*(year)*.....

\*It is suggested that a 12 month timeline be indicated even if the internship will be complied within a shorter period.

**Business Tutor** ..... *SIGNATURE* .....

**Academic Tutor** ..... *SIGNATURE* .....

**Insurance policies:** *Subject to INAIL insurance in conjunction with Articol 127 e 190 of the T.U. 1124/65 and regulated by D.M. 10.10.1985 and D.P.R. 9.04.1999 n. 156.*

*Civil liability n. 28437742 Company UNIPOL*

**Objectives and rules of the Internship:** .....

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**Student's obligations:**

1. *Follow supervisors' orders and refer to them for any organizational requirement or other problems;*
2. *Observe rules of confidentiality about the production processes, products or other news relating to the company of the internship;*
3. *Be compliant with the regulations of the company and with safety and hygiene standards.*

*Ancona (date)* .....

**Student's signature for taken note and acceptance** .....

**Head of the Host Structure stamp and signature** .....

**stamp and signature of the supervisor at the Host University ( Head of the Department)**.....