



**Internship application for the Master
Degree Course (LM):**

Food and Beverage Innovation and Management
(LM) – D.M. 270

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 Master's Degree(LM) in

requests

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

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

The undersigned shall attach:

- the **Education Project** duly completed
- **Transcript diary** 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 28th December 2000 n.445)

.....
(place and date)

.....
(signature of the student)

Reserved for the approval

This internship application and the educational project are approved.
The month of start and end, the location and contact details of the internship are defined in the educational project.

The Director of the Department
Prof. Davide Neri
*Document digitally signed
(D.lgs.n.82/2005 e s.m.i)*