



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)

.....

Address.....

e-mail.....

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

*It is suggested that a 12 months 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:

.....
.....
.....
.....
.....

The student can also carry out training activities in other structures. These activities will be functional too achieving the training objectives and will take place under the supervision of the company tutor or his delegate.

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)