



**ACADEMIC TUTOR INTERNSHIP DECLARATION  
FOLLOWING THE DIRECTOR’S DETERMINATION NO. 179 - 29/04/2020  
“INTERNSHIP PROVISIONS DUE TO THE COVID-19 EMERGENCY”**

The undersigned Dr. / Prof. ....,  
Academic Tutor of the Student .....  
ID. number .....  
enrolled at the Bachelor’s / Master’s Degree in .....  
with Internship activities to be carried out -according to the approved Internship  
project objectives- at the Host Structure .....

STATES THAT

the Trainee .....  
**completed the remaining ..... hours of Internship activities in telematic mode,**  
according to the agreements made with the Business Tutor

the Trainee.....  
**completed the remaining ..... hours of Internship activities by making a written  
report - I assigned to him / her - on the following topic** related to the internship  
project.....  
.....

the Trainee.....  
**completed all the 135 hours of Internship activities by making a written report - I  
assigned to him / her- on the following topic** related to the internship project  
.....  
.....

Date, ...../...../.....

Signature .....  
(Academic Tutor)

**NOTE: This declaration must be included in the 2 copies of the final report that must be  
handed over the Student Affairs Front Office.**