



ERASMUS+ TRAINEESHIP APPLICATION FORM for academic year 2024
UNIVERSITY OF GASTRONOMIC SCIENCES
(to be sent to career@unisg.it, signed and scanned)

The undersigned:

Full name of the intern:

Born in:

On:

Tax code:

Phone number:

Email address:

Student number:

ASKS

to participate in the Erasmus+ Traineeship Call for the a.y.

for the allocation of mobility grants for vocational internships at European institutions, companies, training and research centers, and Higher Education Institutes.

For the purpose of selection, it provides the following activity plan agreed upon with the internship organization and approved by the relevant department.

INTERNSHIP INFORMATION:

Hosting company/institution:

City where the internship takes place:

Country where the internship takes place:

Internship period: from

to

Weekly amount of hours

AIMS AND PROCEDURES OF THE INTERNSHIP

(summarize the content of the project and the aim of the internship as well as possible business trips)



According to D.P.R. 445/2000 (articles 38 and 47 Affidavit of Notoriety, article 46 Affidavit of Certification)

DECLARES:

- To currently have the following weighted average:
- To currently have earned the following number of ECTS credits:
- To be up to date with tuition fee payments:
- To speak the following languages:

Language	Level

- An updated curriculum vitae

ATTACHES:

- Any available valid linguistic certification
- Any medical certifications related to special educational needs as indicated in the announcement.

Date,

Signature