



TRAINING PROJECT OF EXTRACURRICULAR INTERNSHIPS (to be filled in by the company, institution or entity)

Mr/Mrs.....designated by the company/institution/entity..... with the Tax ID:..... to perform the duties of mentor of the internship between the University and the company/institution/entity, states that , in case this Agreement is signed, the Training Project to be carried out by the student..... with ID number..... will be as follows:

- Description of the activities which the student must develop:
.....
.....
.....
.....
- Place where the internship will take place:
- Period when the internship will take place:
- Total number of hours within this period:
- Timetable: daily hours

		Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Morning	Time of entry					
<input type="checkbox"/> Morning	Time of departure					
<input type="checkbox"/> Afternoon	Time of entry					
<input type="checkbox"/> Afternoon	Time of departure					

- Specific knowledge which the student must have:
.....
.....
- Competences of specific technology the student will achieve when carrying out this internship:
.....
.....
- Generic competences which the student will achieve when carrying out this internship:
 - Teamwork Sustainability and/or social commitment Entrepreneurship English
 - Research of information Oral and written skills Autonomous learning
 - Others:.....
- Expected way of monitoring and guiding the student:
.....

Signature of the Mentor of the Internship
and stamp of the company/institution/entity

Deputy Director of the Master's and
Postgraduate studies of the ETSEIB