



UNIVERSITÀ  
DI SIENA  
1240

The President  
Teaching Committee for the degree in \_\_\_\_\_

Matriculation no. \_\_\_\_\_

I (name, surname) \_\_\_\_\_

Born in (city, country) \_\_\_\_\_ on \_\_\_\_\_

Italian tax code (Codice Fiscale) \_\_\_\_\_

Mobile phone \_\_\_\_\_ university email address \_\_\_\_\_

resident in \_\_\_\_\_ (\_\_\_\_\_)

enrolled for the academic year \_\_\_\_\_ on the \_\_\_\_\_ year *up to date/not up to date with exams (fuori corso)* on the *First /Second Cycle* degree in \_\_\_\_\_

\_\_\_\_\_ curriculum \_\_\_\_\_ class \_\_\_\_\_

### HEREBY REQUEST

The approval of the following proposal of *(cross the relevant box)*

**TRAINEESHIP/WORK EXPERIENCE**

internal curricular

external curricular

**For a total number of \_\_\_\_\_ hours (\_\_\_\_ credits/CFU) (1 credit/CFU = 25 hours)**

**THESIS INTERNSHIP**

**For a total number of \_\_\_\_\_ hours**

**OTHER (specify)**

At (place) \_\_\_\_\_

Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period from \_\_\_\_\_ to \_\_\_\_\_

Head of Department (host department)<sup>1</sup> \_\_\_\_\_

Signature \_\_\_\_\_

University Tutor \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Company Tutor \_\_\_\_\_ Title \_\_\_\_\_

Stamp and signature \_\_\_\_\_

Siena, (date) \_\_\_\_\_

Legible signature of the student

\_\_\_\_\_

Didactics Committee during the meeting on \_\_\_\_\_

approves

does not approve

PRESIDENT OF DIDACTICS COMMITTEE

\_\_\_\_\_

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<sup>1</sup> Only for University of Siena's Departments