



**UNIVERSITÀ DEGLI STUDI  
DELL'INSUBRIA**

**DIPARTIMENTO DI BIOTECNOLOGIE E  
SCIENZE DELLA VITA - DBSV**  
Commissione Stage

## CURRICULAR INTERNSHIP REQUEST

Date of submission of the request \_\_\_\_\_

Surname and Name \_\_\_\_\_ Student Serial Number \_\_\_\_\_

Degree in \_\_\_\_\_ Academic year \_\_\_\_\_

Resident in \_\_\_\_\_ Prov. \_\_\_\_\_ Address \_\_\_\_\_

Mobile phone \_\_\_\_\_ e\_mail \_\_\_\_\_

Disabled person: Yes  No

Internship at \_\_\_\_\_

Place of internship (address) \_\_\_\_\_

Name and surname of the University Supervisor: \_\_\_\_\_

Duration \_\_\_\_\_ Period of activity \_\_\_\_\_

Does the internship include activities outside the university structures? Yes  No

If yes, at which lab/facility? \_\_\_\_\_

Address of the lab/facility \_\_\_\_\_

Name of the contact person at the external facility/lab \_\_\_\_\_

Educational objective proposed (on a separate sheet to be attached to this form)

Student's signature \_\_\_\_\_

Signature of the University Supervisor \_\_\_\_\_

Signature of the contact person at the external structure \_\_\_\_\_

### PROCESSING OF PERSONAL DATA

I consent to the processing of my personal data pursuant to Legislative Decree 196/2003 "Code regarding the protection of personal data".

Date \_\_\_\_\_ Signature \_\_\_\_\_

APPROVED BY THE DEGREE COURSE BOARD IN THE MEETING OF ...../...../.....

NUMBER OF CREDITS EXPECTED FOR THE INTERNSHIP .....

THE REQUIREMENTS NECESSARY FOR ENTRY IN THE INTERNSHIP HAVE BEEN VERIFIED.

THE PRESIDENT OF DEGREE COURSE BOARD (signature) .....