

REQUIRED INFORMATION FOR THE WORK PLACEMENT AGREEMENT WITH COMPANIES/TECHNICAL SERVICES

INFORMATION ABOUT THE COMPANY/TECHNICAL SERVICE

Name:

VAT:

Phone:

E-mail:

Postal address (street and number):

Town and postal code:

Name, surnames and e-mail of the person responsible for the agreement (person who will sign it):

INFORMATION ABOUT THE WORK PLACEMENT

Dates in which the Work Placement will be carried out (start-end):

Academic course:

Timetable:

Days of the week:

Name of the Tutor designated by the company/technical service:

Position:

Academic Tutor from UAB:

Department/Area where the Work Placement will be carried out:

If the student is economically supported by the company/technical service, write the amount:
 Mark with a cross in case there is no financial support:

Way/s to follow up the student performance by the Tutor from the company/technical service:

Working plan:

Lecture: Work Placement

Code: 103269

Credits: 12

INFORMATION ABOUT THE STUDENT

Name and surnames:

ID:

Postal address:

Phone:

E-mail:

All students must enroll in the Work Placement lecture at the Academic Management office.

Signature of the Work Placement coordinator

Date: