UAB
Universitat Autònoma de Barcelona

Facultat Biociències UAB

COMMITMENT FORM

1. Data sheet for the preparation of the internship agreement. The information provided here will be used to draft the corresponding agreement, which will be processed and signed at a later stage.
2. It must be submitted signed by all parties at least one month prior to the start of the placement. It is necessary to check the deadline established for each master's program.

STUDENT DATA		
Name and Surname:		
Master and speciality:		
DNI/Passport:	Social Security Number*:	
E-mail:		Phone number:
Usual address (street, number, floor, postcode, and town):		
PLACE WHERE THE PLACEMENT WILL BE DONE		
☐ External organization		
Name of the organization:		CIF:
Name of the signatory of the agreement:		Position:
Tutor named by the organization:	DNI:	E-mail:
Address of the organization:		
Postcode:	City:	Phone number:
Contact person for the management of the agreement		
Name and Surname:	Phone:	E-mail:
☐ Department/Centre UAB		
Name of the Department/Centre:		
Director of the Department/Centre:		
Tutor named by the Department:		E-mail:
DETAILS OF THE STAY		
☐ External Internships		
Start date:	Final date:	
Days of the week:	Timetable:	Total hours per day:
☐ Master's Final Project		
Start date:	Final date:	
Days of the week:	Timetable:	Total hours per day:
Remuneration		
	Amount:	
Content of the stay (brief description of the tasks, 2 or 3 lines):		
Academic tutor UAB:		
Module Coordinator:		

Tutor of the Department/Institution/Entity signature

Student signature

Responsible Teacher signature

* You can check your Social Security number this link