

WORK EXPERIENCE PROGRAMME

Project Information Form

STUDENT: ID _____ NAME _____

COMPANY INFORMATION

NAME _____

WEBSITE _____

ADDRESS _____

CITY _____ COUNTRY _____

TELEPHONE _____ EMAIL _____

ORGANISATIONGOVERNMENT NGO EDUCATION PRIVATE BUSINESS OTHER _____

(please specify)

CONTACT INFORMATION

NAME _____ POSITION _____

EMAIL _____ TELEPHONE _____

PROJECT DESCRIPTION *attach Work Plan*

STUDENT POSITION IN THE COMPANY _____

HOURS PER WEEK _____ STARTING DATE _____

PROJECT LENGTH _____ FINISHING DATE _____

PROJECT DESCRIPTION AND OBJECTIVE _____

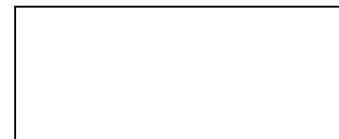
DUTIES

REQUIRED COMPETENCES (software, languages, and special needs):

NAME AND SIGNATURE OF PERSON IN CHARGE _____

POSITION _____

DATE _____



COMPANY STAMP

PLEASE COMPLETE THIS FORM AND RETURN IT VIA EMAIL TO: International Office UDLAP