

**WORK EXPERIENCE PROGRAMME**

Project Information Form: *Hospitality and Food Services*

STUDENT: ID \_\_\_\_\_ NAME \_\_\_\_\_

**COMPANY INFORMATION**

NAME \_\_\_\_\_

WEBSITE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

RESTAURANT  HOTEL RESTAURANT  CATERING  PRIVATE BUSINESS  OTHER  \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ (DIAMOND, MICHELIN STARS FOR HOSPITALITY PURPOSES)

**CONTACT INFORMATION**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME, EXECUTIVE CHEF \_\_\_\_\_

**PROJECT DESCRIPTION** *attach Work Plan*

STUDENT POSITION IN THE COMPANY \_\_\_\_\_

HOURS PER WEEK \_\_\_\_\_ STARTING DATE \_\_\_\_\_

PROJECT LENGHT \_\_\_\_\_ 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**