

## WORK EXPERIENCE PROGRAMME

### Project Information Form

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

<p><b>COMPANY INFORMATION</b></p> <p>NAME _____</p> <p>WEBSITE _____</p> <p>ADDRESS _____</p> <p>CITY _____ COUNTRY _____</p> <p>TELEPHONE _____ EMAIL _____</p> <p><b>ORGANISATION</b></p> <p>GOVERNMENT <input type="checkbox"/> NGO <input type="checkbox"/> EDUCATION <input type="checkbox"/> PRIVATE BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/> _____ (please specify)</p>
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<p><b>CONTACT INFORMATION</b></p> <p>NAME _____ POSITION _____</p> <p>EMAIL _____ TELEPHONE _____</p>
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**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):

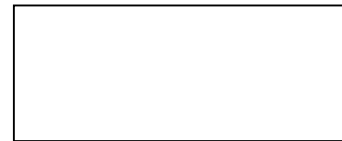
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\_\_\_\_\_

\_\_\_\_\_  
**NAME AND SIGNATURE OF PERSON IN CHARGE**

\_\_\_\_\_  
**POSITION**

\_\_\_\_\_  
**DATE**



**COMPANY STAMP**

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