WORK EXPERIENCE PROGRAMME
Project Information Form

STUDENT ID: _____ NAME_____

COMPANY INFORMATION

NAME_____

WEBSITE_____

ADDRESS_____

CITY_____ COUNTRY_____

TELEPHONE_____ EMAIL _____

ORGANIZATION TYPE:

GOVERNMENT ☐   NGO ☐   EDUCATION ☐ PRIVATE BUSINESS ☐ OTHER ☐_____

(please specify)

CONTACT INFORMATION

NAME_____ POSITION_____

EMAIL_____ TELEPHONE _____

PROJECT DESCRIPTION - Attach *Work Plan*

STUDENT´S POSITION WITHIN 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: internship.abroad@udlap.mx