**REQUEST FOR CHANGE OF INTERNSHIP PERIOD**

*Please send the scanned form by student’s institutional email or by company’s email to:* *ufficio.stage@ateneo.univr.it* *- The request must be notified at least 3 days before the timetable is changed.*

Name and Surname of the Intern/Trainee ……………………………………………………………………………..

Badge number ……………………………….

Field of study………………………………………..……………………….…………………………………………

Planned period (established by the training project) from……………………………until……………………......

At the Company/Firm/Public office……………………………………………………………………………………..

Hereby asks for

* Extention of internship until the day…………………………………………………………………(included)

*the total number of months in the same company, including extention, cannot exceed 12 months per study cycle*

* Early conclusion on ……………………………………………………………………………………..(included)

for the following reasons ………………………………………………………………………………………………..

Company’s email to send confirmation of change …………………………………………………………………..

We confirm that all the other elements contained in the training project remain unchanged (location, items and procedures for the internship, possible facilities)

Date,……………………………………..

Trainee’s signature ……………………………………………………………………………………………………

Company tutor’s signature and stamp ………………………………………………………………………………