



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA
SCUOLA DI ECONOMIA, MANAGEMENT E STATISTICA

Bologna, _____

Object: **Internship Recognition**

Student's name: _____ University ID _____

Enrolled at

- Bachelor degree _____
- Master degree _____

Ask for the recognition of the working experience (in attached the related documents)

carried out at _____

- as my curricular internship (please, insert **Internship code number**): _____
- for the following credits _____

Signature

TEL: _____

E-mail address: _____

I confirm that the internship is present in my study plan



Please note: The internship should be already present in the study plan before submitting this form