

Draft the request on host-company headed paper

Print, sign and send the request to campusrimini.tirocini@unibo.it

Object: Postponement Request for End's date of Internship

Name and surname of the apprentice/student in internship:

.....Born in

(Province/Nation.....) Date of birth.....

Degree CourseBadge n.:.....

Internship University Tutor: Prof.

Internship Company Tutor.....

Internship approved from.....to (end).....

Company/Organization.....

We request the Postponement for End's date of Internship, because of:

1. We need more time to achieve the objectives stated in the Internship Program;
2. We need more time to achieve the amount of the hours established by the Degree Course to obtain the planned ECTS.

Therefore we would like to communicate the Postponement for End's date of

Internship from.....to.....

We confirm to the University of Bologna that there is no change in the other points of the signed internship program: location, objectives/aims, activities and way of implementation

Place and date

Signature of Internship Company Tutor and Company Stamp

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Student/apprentice signature

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