# CDLM IN ENVIRONMENTAL ASSESSMENT AND MANAGAMENT MODULE PREPARATION FINAL EXAMINATION (18 CFU – 450 HOURS)AT EXTERNAL COMPANY OR INSTITUTE FROM UNIBO

Esteemed (company/institute) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( )

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Object: Activity for the realization of the final examination in master degree in**

**ENVIRONMENTAL ASSESSMENT AND MANAGAMENT**

With this letter We want to ask the availability to accept the student (name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled for A.A 20\_\_\_/20\_\_\_ to \_\_\_ year of the Course of Study in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in not-continuative period from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ in Your Company/Institute, to perform the following theoretical-practical activity:

* realization of the final examination for Master’s Degree with the title:

“ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” presented in date \_\_\_/\_\_\_/\_\_\_

general description of activity to perform: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This activity will be performed under the direction of the Host External Company Supervisor:

(name and surname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, it will developed with frequency (weekly/ monthly) \_\_\_\_\_\_\_\_\_\_\_\_\_, in date and modality agreed in advance between Host External Company Supervisor, Academic tutor and student.

External Company will give information and formation about specific risks existing in the structure and about prevention and emergency measures, in compliance with the safety regulations in force.

The Academic tutor is professor (name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Insurance policies** of University of Bologna:

- **INAIL gestione per conto dello Stato**

- **Infortuni: POSTE ASSICURA nr. 72315** **scad.** **31/10/2024**

- **Responsabilità Civile Terzi: n. 1/52380/65/171463068 UNIPOLSAI scad. 31/10/2024**

The student have to show certification relating to the course on safety and health in the workplace, study and research in accordance with the Unified Text on Safety (Legislative Decree 81/08).

**Academic Tutor Host External Company Supervisor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ENVIRONMENTAL ASSESMENT AND MANAGEMENT’s Coordinator, professor PAOLA GALLETTI, after having taken note of the availability of the Host Structure and considering the occasional presence of the student at the same, license the student (name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
to perform the activity indicated above (no internship).**

Protocol CdS n°……………………………………………. of the………………………………………………………..……

Sign of Program Director

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