



UNIVERSITY OF PADOVA
DEPARTMENT OF MOLECULAR MEDICINE
MASTER DEGREE IN MEDICAL BIOTECHNOLOGIES

APPLICATION FORM for INTERNAL/EXTERNAL INTERNSHIP

Student:

Name Matriculation N°

Date and place of birth

Ph e-mail

Disability yes no

Receiving organisation:

Department

Laboratory

Address N Ph.

Supervisor/Relatore (one of the Master Degree Professors)

Ph e-mail

External examiner/Contro-relatore

Ph. e-mail

Co-supervisor Co-relatore

Ph. e-mail

Planned period of internship: from to

Thesis title:

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.....
.....



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Student's obligations:

- Follow the supervisor's instructions and refer to him/her for any kind of request
- Comply with the obligations of confidentiality regarding the production processes, products or other information, during and after the training period.
- Comply with the rules concerning health and safety

Deadlines:

The application form must be submitted at least a month before the beginning of the internship.

Please remember that at least 6 months of effective internship have to be completed.

Padua,

Trainee's Signature.....

(Relatore) Supervisor's Signature.....

(Contro-relatore) External examiner's Signature.....

(Co-relatore) Co-supervisor's Signature

Approval

For the Internship Committee

Padua,

The President of the Master Degree

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