Escola d’Enginyeria

**Please, fill in the document with all the data required and send it to the internship coordinator. For international activities with enterprises, please send it at least one month prior to the start of the student activity with the enterprise.**

PROPOSAL FOR ACTIVITY WITH ENTERPRISE

ENTERPRISE DATA:

|  |  |
| --- | --- |
| NAME:  | VAT NUM. |
| ADDRESS: POST CODE: CITY: TELEPHONE: E-MAIL:  |
| NAME OF THE LEGAL REPRESENTATIVE:POSITION:  |

ENTERPRISE SUPERVISOR DATA:

|  |
| --- |
| NAME OF THE SUPERVISOR: POSITION: |
|  |
| ACTIVITY PROPOSAL: |
| PLACE WHERE THE STUDENT WILL DEVELOP THE ACTIVITY:  |
| AREA/DEPARTMENT:  |
| DATE OF START (DD/MM/YY) \*: DATE OF END (DD/MM/YY): |
| SCHEDULE: (Example: from 9AM to 1PM) |
| DAYS OF THE WEEK:  |
| OPTIONAL REMUNERATION IN CASE OF INTERNSHIP (Euros/hour): |

**\*** Please, send this proposal **15 days prior** to the starting date to the *Gestió Acadèmica* (1 month for international enterprises)

**ACADEMIC SUPERVISOR:**

|  |
| --- |
| **ACADEMIC SUPERVISOR:** |
| **UNIVERSITY:** |
| **DEPARTMENT:** |

**STUDENT DATA:**

|  |
| --- |
| **NAME: SURNAME:** |
| **DATE OF BIRTH: ID CARD NUM:**  |
| **ADDRESS:** **CITY: POST CODE:**  |
| **TELÈPHONE: E-MAIL:** |
|  |

ACADEMIC RECOGNITION AND STUDENT PROFILE:

|  |
| --- |
| RECOGNITION: X Final Degree or Master Project or 🞏 Internship |
| DEGREE:  |

**DETAILS OF THE TRAINING PROJECT**

(ANNEX)

|  |
| --- |
| **Motivation** (….) |

|  |
| --- |
| **Objective of the MA dissertation**(…) |

|  |
| --- |
| **Details of content, MA dissertation (tasks)** (….) |

**Competencies the student will have acquired on completing the placement**

**BASIC**

Critical thinking and reasoning skills Yes[ ]  No[ ]

Effective communication Yes[ ]  No[ ]

Strategies for autonomous learning Yes[ ]  No[ ]

Respect for a diversity of ideas, people and situations Yes[ ]  No[ ]

Innovative and competitive proposals in research and professional activities Yes[ ]  No[ ]

**GENERAL**

(You may describe the competencies in terms of those established by the University for each of its study programmes.)

 (….)

**SPECIFIC**

(You may describe the competencies in terms of those set by the University for each of its study programmes.)

(….)

**Procedure for supervision by the tutor designated by the collaborating organisation**

(….)

**Coordinator Authorization:**

|  |
| --- |
| **NAME : DATE:** |