Università degli Studi di Perugia

Prof… (*Coordinator of the Italian PhD School*)

**Declaration concerning internship activities**

Host Company/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

represented by Dr/Prof. (*name and role*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The internal tutor Dr/Prof\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Having read the provisions issued by the competent authorities, in the field of health emergency COVID - 19, as well as those established by the Università degli Studi di Perugia regarding different modes to carry out stages abroad;**

with reference to the internship to be carried out by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*student’s name*)
born in \_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_/\_\_/\_\_\_

**DECLARES**

**to give express consent to the student for an internship carried out**  **for (days/months) from \_\_\_/\_\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_**

**At the end of the internship, the tutor has to attest how the internship activities have been carried out according to this declaration.**

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

Stamp and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_