

**FACULTY OF ECONOMICS – STUDENTS’ INTERSHIP PROGRAMME**

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| **COMPANY’S APPLICATION FORM**  |
| **COMPANY DATA** |
| Company name:       | Tax ID Number:       |
| Register office:       |
| Zip code:       | City/Town:       | Country:       |
| Industry sector:        | Main activity:       | No of workers:       |
| Website:       |
| ¿Does the Enterprise has an agreement with the UAM?       |
| **AUTHORIZED PERSON TO SIGN THE INTERNSHIP AGREEMENT WITH THE UNIVERSITY** |
| Name:        |
| Professional category:       |
| **CONTACT PERSON WITHIN THE COMPANY** |
| Name:        |
| Professional category:       |
| e-mail:        | Phone number:       | Fax:       |
| **MENTOR DATA** (the person supervising the student) |
| Name:       |
| Professional category:       |
| Department:       |
| e-mail:        | Phone number:       | Fax:       |
| **TRAINING PROJECT** |
| Department/s in which the student will be placed during his/her internship:       |
| Detailed description of the activities to be carried out by the student:       |
| **IF YOU WANT TO RECEIVE STUDENTS’ CURRICULA, LET US NOW SOME OF YOUR GENERAL REQUIREMENTS:** |
| Degree:       |
| Languages and level:       |
| Computer skills:       |
| Other requirements:       |
| **IF YOU HAVE ALREADY SELECTED A STUDENT, COMPLETE THE FOLLOWING DATA:** |
| Student’s name:       | ID Card:       |
| Phone number:       | E-mail:       |
| Studies the student is taking at the UAM:       |
| Indicate the means by which the student was selected:       |
| **TRAINING PROJECT CHARACTERISTICS** |
| Starting date:       | Finishing date:       |
| Schedule:       | Total number of hours:       |
| Postal address of the office where the student will be placed during his/her internship:      |
| Monthly payment the student will receive:       |

Date:             20