

**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