



INTERNAL INTERNSHIP PRELIMINARY FORM

The Undersigned _____
UniTN matriculation number _____, enrolled in _____ year of the course _____,
asks to activate the internal internship included in the teaching program according to the
training activity described below

INTERNSHIP DATA

DURATION in hours	
CFU	
PERIOD	
TITLE or TOPIC	
DESCRIPTION	
PLACE	
SUPERVISOR	

Trento, _____

Student Signature _____

Supervisor Signature _____



**Dipartimento di Ingegneria e
Scienza dell'Informazione**

The Undersigned _____
declares under his/her own responsibility, following articles 46-47 of the Presidential
Decree no. 445/2000, to have achieved the following minimum number of credits:

- Undergraduate course – at least 90 CFU
 Master course – at least 30 CFU.

Trento, _____

Student Signature _____

CREDITS ASSIGNED FOR INTERNSHIPS	
Undergraduate courses	
Computer Science	9 CFU
Information and Business Organisation Engineering	3 CFU
Electronics and Telecommunications Engineering	6 CFU
Master courses	
Computer Science (Computer Science and Technology Curriculum)	6 CFU
Computer Science (ICT Innovation Curriculum)	6 CFU
Telecommunications Engineering (Telecommunications Engineering Curriculum)	3 CFU
Telecommunications Engineering (ICT Innovation Curriculum)	6 CFU