



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	6 CFU
Information and Communications Engineering	6 CFU
Master courses	
Computer Science	6 CFU
Information and Communications Engineering	6 CFU