

**SHORT EVALUATION REPORT for INTERNSHIP**

ERASMUS STUDENT'S NAME

RECEIVING INSTITUTION

I-PADOVA01

ERASMUS CODE

PERIOD (from dd/mm/yy to dd/mm/yy)

NAME OF the coordinating tutor

NAME/NUMBER of the territorial group

PROPOSED NUMBER OF ECTS CREDITS\*:

NUMBER OF HOURS of the activity (if applicable):

The student carried out the following activities:

THE TRAINEESHIP IS : APPROVED  NOT APPROVED 

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

\*\*\* Signature of Course Degree's Director or International Mobility Coordinator

\_\_\_\_\_

\*\*Stamp

FOR ACKNOWLEDGEMENT

\_\_\_\_\_  
(Organizing tutor's signature)\_\_\_\_\_  
(Coordinating tutor's signature)

\*This activity will not be reported in your Final Transcript of Records. The proposed number of ECTS credits is just a suggestion for your own sending University.

\*\*Stamp of the receiving University or of the Course Degree's Department.

\*\*\*This declaration is not valid without the original signatures and the Institution stamp.