Università degli Studi di Cassino e del Lazio Meridionale

Dipartimento di Ingegneria Civile e Meccanica

TRAINING PROJECT CERTIFICATE

(to be printed on company letterhead)

Training project developed at our Company by:

Name and surname of the trainee _____ _____

date and place of birth _____ _____

Internship duration (months)_____start date_____end date _____

During the internship the trainee, according to training project, carried out the following activities:

_____

_____

_____

_____

_____

_____

_____

Trainee evaluation *(presentation and general evaluation of the student, demonstrated interest and curiosity, analytical and / or synthesis skills, availability and learning times, achieved results, integration with the environment and people, predisposition to the mansion in which he worked, sense of organization and responsibility, ability to decision, initiative, communication, etc.)*

_____

_____

_____

_____

_____

_____

Date:_____

The company tutor of the trainee _____ _____

Company is required to acquire from trainee the consent to the processing and to the communication of personal data in accordance to Legislative Decree no. 196/03.