



INTERNSHIP LEARNING PLAN

Rif. Agreement n. _____ stipulated on _____

Student last name and name _____ matr. number _____,
born in _____ on _____, codice fiscale _____,
E-mail: _____ Cell.phone _____

Enrolled in the following course:

- ☐ Economia e commercio – curriculum Economics and Business ☐ Economics with data science
☐ Global economy and business ☐ Economics and entrepreneurship

Name of ☐ **Company** ☐ **Body** ☐ **Firm** _____,

Address _____

Cell. phone _____ E-mail _____

Internship schedule (days and timetable): _____

Duration: _____ (number of months) Starting date: _____

Company/Body/Firm supervisor: _____

University supervisor: _____

Insurance cover:

- Insurance against accidents: **Generali Italia S.p.A.** - n° di polizza 430521829 dal 31/12/2023 al 30/04/2026
- Third Party Liability Insurance: **Liberty Mutual insurance Europe S.E.** - n° di polizza LSM0000039605 dal 31/12/2023 al 30/04/2026

Internship learning goals: _____

Trainee responsibilities:

- follow directions provided by supervisors and refer to them for any organizational need or other eventualities;
- comply with obligation of confidentiality, during and after the training period, related to production processes, products or any other company/body/firm information, trainee is aware about;
- comply with company/body/firm regulations, regarding hygiene, safety and health.

_____, _____
(Place) (Date)

Signature of student: _____

Signature of University supervisor: _____

Stamp and signature of Company/Body/Firm _____

Signature of Director of Course: _____