



Master Degree in

Internship application form (1)

STUDENT IDENTIFICATION NUMBER _____

I , T H E U N D E R S I G N E D

BORN IN _____ ON ____ / ____ / _____, RESIDENT IN _____

STREET, _____ NO. _____, ZIP _____, TEL. _____

E-MAIL _____, CELL _____

ADDRESS IN TRIESTE _____

ATTENDING THE _____ YEAR OF THE MASTER DEGREE

HEREBY APPLY FOR AN INTERNSHIP

HAVING AS SUPERVISOR (Relatore) (2) Prof.

AND AS CO-SUPERVISOR (OPTIONAL) Prof.

At the DEPARTMENT (3) _____

OR (if internship will be done in a laboratory different than that of the Relatore)

HAVING AS SUPERVISOR (Relatore) (2) Prof.

AND AS CO-SUPERVISOR (4) Prof. _____

HOSTING INSTITUTION/LAB (5) _____

ADDRESS

Expected starting date of internship (6):

- (1) Submit to "Segreteria Didattica" of the Department of Life Sciences.
- (2) As defined in the "Regolamento didattico" of the master degree.
- (3) Department or Institution where experimental activity will be done.
- (4) Name and title of the person who will supervise the experimntal activity of the intern (if different from the Relatore).
- (5) External Department/Institution where the student will do her/his internship. Provide a fuill address.
- (6) Date of effective start of the internship. Please refer to the guidelines available on the Course website.

The undersigned **declares she/he has attended the** on-line “**Videocorso sulla sicurezza**” , available on the Moodle platform of the University of Trieste.

The undersigned is aware of all the main rules regulating the internship, as described in the specific section of the website. Moreover, the undersigned commits her/himself to the following:

- be fully aware and strictly follow all safety rules in the hosting lab environment;
- follow all necessary lab rules related to disclosure of research data or information;
- closely follow time schedules and behavioral standards in the hosting lab;
- follow all indications given by the supervisor (Relatore) and co-supervisor, and refer to them for any enquiry;
- keep the supervisor informed about work progress (in the case of internship in a different lab);
- take upon her/himself responsibility for any damage to equipment/structure in the hosting Dept. due to verified negligence, carelessness or failed observance of rules. The student will keep the working space clean and tidy and will immediately report to the supervisor for any equipment malfunctioning

FAILURE IN THE OBSERVANCE OF THE ABOVE RULES WILL LEAD TO IMMEDIATE REVOCATION OF THE INTERNSHIP PERMISSION

The student, during the indicated period, is covered by the following insurance policies:

INAIL (Accidents at the workplace): management on behalf of the State as established by the combined provisions of Articles 127 and 190 of the T.U. INAIL (D.P.R. 124/65) and regulated by the D.M. 10/10/85.

Civil liability to third parties: position RCT/O n. ITCASC17605 CHUBB European Group Ltd con scadenza il 31/12/2022.

Date of submission:

Signatures:

Student _____

Supervisor (Relatore) _____

Co-supervisor (Correlatore)*

* Only if internship is done in a different laboratory than that of the Supervisor (Relatore)

(to be filled only if internship is done **outside** the Department of Life Sciences)

As responsible/director/ head of the department/institute _____

I authorize the student _____ **to access our laboratory premises to perform research activity related to the present internship.**

date _____

Signature of the director/responsible of the host institution/Departemnt _____

Da compilarsi al termine dell'attività

RICONOSCIMENTO DELL'ATTIVITÀ SVOLTA D'INTERNATO

Corso di Laurea Magistrale in

Si certifica che lo studente.....ha svolto le attività previste dall'Internato per la preparazione della Tesi Sperimentale, per un totale di CFU pari a

Data.....

Il Relatore