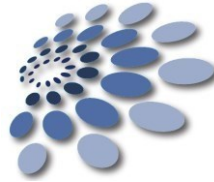




UNIVERSITÀ  
DEGLI STUDI  
DI TRIESTE



Dipartimento di

Scienze della Vita

Master Degree in \_\_\_\_\_

### INTERNSHIP APPLICATION FORM (1)

Student Identification Number \_\_\_\_\_

I, the undersigned \_\_\_\_\_

born in \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, resident in \_\_\_\_\_

street \_\_\_\_\_ n° \_\_\_\_\_, ZIP \_\_\_\_\_, phone \_\_\_\_\_

e-mail \_\_\_\_\_ cell. \_\_\_\_\_

address in Trieste \_\_\_\_\_, phone \_\_\_\_\_

attending the \_\_\_\_\_ year of the Master Degree

**hereby apply for an Internship**

having as Supervisor (Relatore) (2) Prof. \_\_\_\_\_

and as (optional) co-Supervisor \_\_\_\_\_

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) \_\_\_\_\_

hosting Institution/Lab (5) \_\_\_\_\_

Address \_\_\_\_\_

**Expected Internship starting Date** (6): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expected end date of the internship:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The student declares to carry out the internship (or part of it) as part of international mobility programs\*

YES ☐

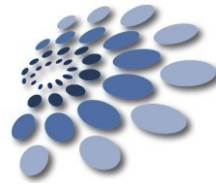
NO ☐

*\*Borse Erasmus o di Mobilità Internazionale*

The student declares to carry out the internship (or part of it) abroad

YES ☐

NO ☐



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 experimental activity of the Intern (if different from the Relatore).
5. External Department/Institution where the student will do her/his internship. Provide a full address.
6. Date of effective start of the Internship. Please refer to the guidelines available on the Course webpages.

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, **in particular of the rule that the graduation examination cannot be taken until 8 months have elapsed from the date of actual inception of the internship**. 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:

Accident insurance coverage: n. 8/404324745 **Compagnia AXA Assicurazioni S.p.A** expiring on **31/12/2023**

Civil liability to third parties: position RCT/O n. 113784483 **GROUPAMA ASSICURAZIONI SPA** expiring on **31/12/2023**

Submission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

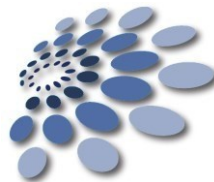
Student signature: \_\_\_\_\_

Supervisor (Relatore) signature: \_\_\_\_\_

Co-Supervisor (Correlatore) signature: \_\_\_\_\_



**UNIVERSITÀ  
DEGLI STUDI  
DI TRIESTE**



Dipartimento di

**Scienze della Vita**

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

**As Responsible/Director/Head of the Department/Institution** \_\_\_\_\_

**I authorize the student** \_\_\_\_\_

**to access our Laboratory premises to perform research activity related to the present internship.**

Signature of the Director/Responsible of the host Institution/Department

\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*To be filled at the end of the activity.*

**RECOGNITION OF THE INTERNSHIP ACTIVITY**

*Master Degree in* \_\_\_\_\_

It is certified that the Student \_\_\_\_\_ has carried out the activities foreseen by the Internship for the preparation of the Experimental Thesis, for a total of CFU equal to \_\_\_\_\_,

- of which CFU \_\_\_\_\_ carried out as part of **International Mobility Programs** or,
- if the activities were carried out abroad but **not in the context of mobility exchanges**, It is certified that the Student \_\_\_\_\_ has carried out the activities foreseen by the Internship for the preparation of the Experimental Thesis, for a total of CFU equal to \_\_\_\_\_, of which CFU \_\_\_\_\_ carried out **abroad**.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The Supervisor

\_\_\_\_\_