

MASTER IN PRIMARY EDUCATION

INTERNSHIP

AT A KINDERGARTEN (PRESCHOOL)/AT A PRIMARY SCHOOL

CONFIRMATION

The undersigned (Name and Surname) in its capacity as

legal representative of the	kindergarten/p	orimary school		•••••			
in		(C	City),				
(Street/Square/House	Number)	hereby	declares	to	accept	the	student
			(Name an	d Surnan	ne) of the M	Master of	Science in
Primary Education (LM-85	bis) of the Faci	ulty of Education	on of the Free	University	of Bolzano fo	or the impl	ementation
of the above-mentioned in	nternship in the	above-mentio	ned kindergart	en (presc	hool)/primary	y school.	
Period of the Internship: f	rom	to					
Name of the tutor:							
Further enquiries should b	e addressed to	:					
The internship is free of c	harge for the st	tudents of the	Free University	of Bolzai	no.		
N.B.: For internships, the Resolution No. 1145/2016 institution. After the stude sends the prepared coope It should be noted that in the case of a handwritten handled with the utmost of Regulation No. 2016/679	require the coent's application agreemed Italy, for the lessignature, a coerare in accordance.	onclusion of a one is approved, the is approved, the is good an identify of an id	cooperation ag the internship on the signory this agreemen fication docum	reement office (placed by both t, a certification must	between the cement.educ h parties. ed digital sign be attached.	university a ation.germ nature is re Personal o	and the host nan@unibz.it) equired, or in data is
Date	Signa	ture					