



| In accorda | ance with claus | se four, point 4 | 4 of the "Agree | ment l | etween the S | State Agen | cy High | ner Co | uncil for Scientific | |
|--|------------------|-------------------|------------------------------------|----------|-----------------|-------------|-------------|----------|----------------------|--|
| Research, MP an | d the Universi | ity f | or the develop | ment o | of external aca | ademic int | ernship | s for D | Degree and TFG" | |
| signed on date | of of | 201, the spec | cific details of t | he trai | ning project to | o be carrie | ed out b | y the s | student named | |
| below, authorized | d to carry out i | nternships (cu | rricular/extracu | rricula | ar) and TFG in | n the | .(ICU | of the (| CSIC), dated | |
| 20, acco | rding to Anne | x II, are the fol | lowing: | | | | | | | |
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| STUDENT: | | | | | | DNI/NIE: | | | | |
| HOME: | | | | | | PHONE | : | | | |
| SCHOOL/FACI | JLTY: | | | | | | | | | |
| TITLE: | | | COURSE: | | | | | | | |
| CSIC ICU: | | 2002 | | | | | - | | | |
| INCORPORATION DATE: | | | FINISH DATE: | | | | | | | |
| DAILY HOURS OF PRACTICES: | | S: | WEEKDAYS: | | | SCHEDULE: | | | | |
| CSIC ICU TUTO | OR: | No. | | | | | | | | |
| ACADEMIC GUARDIAN OF THE SCHOOL/FACULTY: | | | | | | | | | | |
| CONTENT OF THE TRAINING PROJECT: | | | | | | | | | | |
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| The under | signed studer | nt declares his/ | her agreemen | t to ca | rry out extern | al academ | nic inter | nships | , according to the | |
| above details, ad | _ | | _ | | - | | | • | | |
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| And, in pro | oof of conform | ity, they sign t | his document, | in tripl | icate, on the . | of | | | | |
| of 20 | | , , , | · | | · | | | | | |
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| The Academic Tutor of the | |) | The Tutor/Responsible for the (ICU | | | U) | The student | | | |
| University | | of the CSIC | | | , | | | | | |
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