

F.A.O. Guidance and Placement Office

Università della Valle d’Aosta – Université de la Vallée d’Aoste

Loc. Grand Chemin 73/75

11020 Saint-Christophe (AO)

**Request to extend internship**

In reference to the traineeship at (insert name of host organisation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, with academic supervisor (insert name of the university professor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and representative from the host organisation (insert company supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year of their degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with the agreement of the host organisation, requests an extension of the internship from \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_ inclusive.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed host organisation representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed academic supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed intern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**N.B.: AN EXTENSION IS ONLY POSSIBLE WHERE THE CONDITIONS STATED IN THE ORIGINAL AGREEMENT AND THE OBJECTIVES STATED IN THE APPROVED INTERNSHIP PROSPECTUS REMAIN UNCHANGED.**

**THE REQUEST FOR EXTENSION MUST BE RECEIVED BEFORE THE END OF THE INITIAL PERIOD INDICATED IN THE SIGNED DOCUMENTATION.**