

4.4 Application form

4.4.1 General information

Student			
Student's name:		Study level: <input type="checkbox"/> BSc <input type="checkbox"/> MSc	
ID number:	E-mail:	Telephone:	
Address:		City:	
Study programme:		Module:	
Planned practice time period	From:	To:	Number of hours:
Academic institution			
University:		Faculty:	
Address:		City:	
Academic mentor's name:		Position:	
E-mail:		Telephone number:	

4.4.2 Information about the students preferred practical placement

Students affinity:	
Field of business:	
Preferred location:	
Prior work experience:	
Suggested practical placement host company of own choice	
Name of Company:	
URL:	
Address:	City:
Industrial mentor's name:	Position:
E-mail:	Telephone number:

Academic Institution	Student
_____	_____
<i>Signature of responsible person for PPP</i>	<i>Signature of student</i>
Date: _____ Place: _____	Date: _____ Place: _____