

## Confirmation of traineeship

### Student

Name: \_\_\_\_\_

Personal identity number (yymmdd-XXXX): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_\_

Faculty and study program: \_\_\_\_\_

### Traineeship placement

Name of traineeship placement: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Website: \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Contact person's phone number: \_\_\_\_\_

Contact person's e-mail address: \_\_\_\_\_

### Traineeship

Intern's duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Period (yymmdd – yymmdd): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of working hours per week (fulltime): \_\_\_\_\_

### Signatures

Internship placement,

Signature, name in printed letters and stamp:

\_\_\_\_\_  
\_\_\_\_\_

University of Gävle\*

Signature, name in printed letters and stamp:

\_\_\_\_\_  
\_\_\_\_\_

\*Traineeship during studies; signature by the programme teacher before applying for scholarship

\*Traineeship after studies; signature by International Office after applying for scholarship