



## **Confirmation of traineeship**

### **Student**

Student's name: \_\_\_\_\_

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

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

### **Internship placement**

Name of internship placement: \_\_\_\_\_

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

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

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

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

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

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

### **Internship**

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

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

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

### **Signatures**

Internship placement,

Signature, name in printed letters and stamp:

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

Faculty at the University of Gävle,

Signature, name in printed letters and stamp:

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