**Erasmus+ KA2 Capacity Building in Higher Education**

**Project N.** 586157-EPP-1-2017-1-TH-EPPKA2-CBHE-JP

**Application Form for Practical Training (Internship)**

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| --- |
| Name and surname:  |
| Date of birth:  | Address:  |
| Phone number:  | Email:  |
| Faculty:  | Year of study:  |
| Study programme: |
| Brief structure of the application:* Name of organization/institution/project:
* Term of practical training:
* Planned activities and expected contribution to the students’ skill and knowledge:
* Preliminary workload/timetable of practical training:
 |
| Date:  | Student’s signature:  |
|  |  |
| Statement of the supervisor:  | Date and signature: |
|  |  |