**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: | |
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