



To the University of Campania
LUIGI VANVITELLI

Department of _____

REQUEST TO EXTEND/INTERRUPT TRAINING AND ORIENTATION INTERNSHIP

In reference to the convention n° _____ dated _____ and to the internship of

(Name and surname of the trainee)

Date of the start _____ Date of the end _____

We would like to request:

Extension of the internship to _____

We confirm that all the other elements of the training project remain unchanged (times and venue, objectives and methods of carrying out the internship, company tutor, possible facilities, etc.).

Interruption of the internship from _____

Place and date _____

X _____

Company Responsible

X _____

Trainee

The request to extend internship must be received at least 15 days before the deadline indicated on the training project by fax, e-mail or mail with acknowledgement of receipt.

The Director of the Department