Szent István University

**Faculty of Landscape Architecture and Urbanism**

**Application Form**

**for Traineeship**

**Personal Data:**

Name:..............................................................................……….Neptun Code: .................................................................

E-mail: ....................................................…… Mode of study: full degree studies

Specialization**: …………………………………………………..**

**Data of the Host Institution:**

Name of Institution / Company: ...........................................................................................................................................................................

Address: ……………………................................................................................................................................................

Name of the Supervisor: ….......................................................................................................................................................................................

Telephone, fax: .................................................................................................................................................

E-mail: ….............................................................................................................................................

**Scope of activities of the host Institution:** ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………

**Scheduled tasks of the Trainee: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Training Period**:

……………………………………………………………………………………………………………………………………….

**I accept the above named student for traineeship.**

Date:……………………………………….. ………………………………………………….

(Business signature of the Host Institution)

………………………………………………….

(Signature of the Trainee)

**Decision of the Supervisor:**

I agree / disegree1 to the Traineeship of the student at the above named host institution.

Reason: …………………………………………………………………………………………………………………………….

Date: ………………………………..

…………………………………………………..

(Signature of the supervisor)

1. Please underline!