**ECTS RECOGNITION FORM *(digital copy)***

***WORK ACTIVITY***

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| To the Job Placement Office  School of Management and Economics  Corso Unione Sovietica 218 bis - 10134 Turin  Turin, ………  **Subject**: Request for recognition of **WORK ACTIVITY**  Expected graduation session: (month: \_\_\_\_\_\_\_\_ year \_\_\_\_\_\_\_\_)  The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student number \_\_\_\_\_\_\_\_\_, who in the current Academic Year is regularly enrolled in his/her \_\_\_ year of the [ ] Bachelor’s Degree [ ] Master’s Degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the School of Management and Economics of Turin, requests the recognition of his/her work activity in order to acquire \_\_\_\_\_ ECTS related to the compulsory internship  The activity will be performed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name, address, company/institution) *w*ith the following contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*(specify type and end date of the contract)*  Tasks/ activities:  ………………………………………………………………………………………………………………….…….………………………………………………………………………………………………………………….  The period considered for the recognition of the ECTS is the following *(write dd/mm/yy)*: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ during which I will carry out the following activities:  ………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….  At the end of the period indicated above, the undersigned will have to submit a written report to the Job Placement office, together with an hourly certification and the tutor's evaluation.  Information regarding the company supervisor:  Surname and Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sincerely  The student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The company tutor/supervisor Signature and stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -----------------------------------------------------------------------------------------------------------------------------------**Attachment**:  *Statement of service (NO work contract) on the company letterhead with stamp and signature of the supervisor; the type of commitment (full or part-time and number of hours per week) and the type of contract (fixed-term contract, permanent contract, Co.Co.Pro., etc.), the duties performed during normal work. The request must predate the date of the service certificate.* |

***This form and more information about the ECTS recognition process can be found at the following page****: https://www.sme.unito.it/it/job-placement/studenti/riconoscimento-dellattivita-lavorativa praticantato-di-tirocinio-attivato-d-1*

**Do not write here**

**AREA RISERVATA all’ufficio JP PER L’ACCETTAZIONE della richiesta di riconoscimento crediti** Data ……………………... Firma per Ricevuta ……………………………………………….