



INTERNAL INTERNSHIP PRELIMINARY FORM

I, _____(name and surname) declare to be enrolled **in the second year** year of the Master's course in Cognitive Science and to have **45 credits**

INTERNSHIP DATA:

Name and address of the hosting facility:

Internship period: from ____/____/____/ to ____/____/____/
(____ months)

Title of the internship:

Student's signature: _____

date _____

Name and surname of the Internship tutor: _____



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Internship tutor's signature: _____
(the tutor can use electronic signature)

This preliminary form and the internship project must be attached by the student to the online application for the approval of the internal internship Delegate's Prof. Moritz Wurm and for the beginning of the activity