University of Trento
Department of Mathematics

Internship Report
Povo, dd/mm/yyyy

Host Laboratory: Laboratory of Cryptography and Industrial Mathematics

Start Date: dd/mm/yyyy

End Date: dd/mm/yyyy

Supervisor: Prof. [Name and Surname]

Assisntant Supervisor: Dr. [Name and Surname]

Intern: [Your Name and Surname]

Registration Number: [Your reg. no.]

Department Internship Coordinator: prof. Fabio Bagagiolo

Internship Summary

E.g.: host, objectives, methodology, results, conclusions.

Signatures

Supervisor: Prof. [Name and Surname]

Assistant Supervisor: Dr. [Name and Surname]

Intern: [Your Name and Surname]

Department Internship Coordinator: prof. Fabio Bagagiolo