



**Attestato**

Internship.

Equating other activities as internship.

Possession of additional knowledge useful for entering the workforce.

**Tirocinante:**

First Name

Last Name

Matriculation Number

Born in

il

Study Courses in

**Hosting Structure/Organization**

Name

Legal office

Area/Sector

**Description of the activities carried out at the hosting structure**

Enrollment date in the course

Start date of work activity (after enrollment)

End date of work activity (not later than the certificate completion date)

Entry and exit times to the premises (maximum of 8 hours per day)

Number of days per week

Total hours of activity carried out

Total ECTS\* corresponding to the activity

\*Each ECTS corresponds to 25 hours of activity.



Signature and stamp of  
Hosting Structure/  
Organization. F^Date

Signature of the President of  
the Academic Council. date

Intern/Student Worker's  
Signature  
date

Signature of the Department  
Director. date