**WORK PLAN FORM**

**RESEARCH INTERNSHIP**

**APPLICANT’S GENERAL INFORMATION**

|  |  |
| --- | --- |
| Given name and surname: | Home university or institution: |
| Country of origin: | Academic Program: |
| Research Group (Optional): | Semestre en Curso (Optional): |
| Thesis Supervisor (si aplica): | Title of the project (Optional): |

**SUPERVISOR AT THE UDEA**

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| --- | --- |
| Name of supervisor: | E-mail: |
| Research Group: | Academic Unit: |
| Start date of the internship: | Finish date of the internship: |

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| **AIM OF THE RESEARCH INTERNSHIP** |
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| **AGENDA** | | | |
| Dates | Objectives | Activities | Products |
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Signature of supervisor Signature of student

DI: ID: