

**LLP ERASMUS PROGRAMME**

**TRAINEESHIP (WORK PLACEMENT) INTEREST FORM**  
**ACADEMIC YEAR 2014-2015**



Surname \_\_\_\_\_ Name \_\_\_\_\_

Student ID number \_\_\_\_\_ Nationality \_\_\_\_\_

E-mail \_\_\_\_\_ Tel \_\_\_\_\_

Programme of Studies \_\_\_\_\_ Year of Studies \_\_\_\_\_

Foreign Languages \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Preferred Countries \_\_\_\_\_ Position Desired \_\_\_\_\_

\_\_\_\_\_

Duration of Internship: (minimum 2 months – maximum 12 months) \_\_\_\_\_

Dates of the Traineeship: \_\_\_\_\_

Signature: \_\_\_\_\_