TRAINEESHIP STARTING DATE CERTIFICATE

A.Y. 2019/2020

Upon arrival at your receiving organisation/enterprise, have this form signed and sealed by your receiving organisation/enterprise, and return it to placement@santannapisa.it. Please keep the original documents for your records.

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| --- | --- |
| Name of the Sending Institution: | **SCUOLA SUPERIORE SANT’ANNA – IPISA03** |
| Name of the receiving organisation/enterprise: | …………………………………………………… |
| Name of the student (the Trainee): | …………………………………………………… |

I hereby confirm that the above student has started his/her visiting period at our organisation/enterprise on

|  |  |
| --- | --- |
| **START DATE**: (day.month.year) | …………………………………………………… |
| **SIGNER NAME:** | …………………………………………………… |
| **SIGNER ROLE:** | …………………………………………………… |
| **SIGNATURE:** | …………………………………………………… |
| **SIGNATURE DATE:**(day.month.year) | …………………………………………………… |
| **SEAL:** | …………………………………………………… |

*Please email a scanned copy of this completed, signed and sealed document to* *placement@santannapisa.it*