(The student must submit a copy to the EPI Internships Office)

***Student information***

Name : ............................................................... Field of study : .................................

ID N°/Passport N°: ..................................... Identification Number  : ........................................

Adress : ................................................................................... Postal Code : ......................

Email : ........................................................................... Phone: ...................................

 Signature

***Topic:***

Entitled: ................................................................................................................................................................................................................................................................................................

Description : .....................................................................................................................................................................................................................................................................................................................................................................................................................................................................

***The host Company*:**

Corporate name: .....................................................................................................................................

Field of activity: ................................................................................................................................

Adress : ………………………………………………………………………………………………..

Professional framer: ……………………………………………………………………………...

Phone :…………….. Fax : ……………. Email : …………………………………………………

Signature

***The framer of the EPI Group:***

Framer 1: …………………………………………………………………………………..

Phone: ……………………… Mail: …………………………………………………

Framer 2 :…………………………………………………………………………………….

Phone: ……………………… Mail: …………………………………………..……

 Signature

***The opinion of the Teaching manager:***

 Attestation of the subject's compliance with the field of study Yes No

Signature