



UNIVERSITÀ DEL PIEMONTE ORIENTALE

REQUEST FORM FOR INTERNSHIP EXEMPTION

Master of Science in Disaster and Health Crisis Management

I undersigned _____ born
_____ in _____ Province _____
Resident in Street _____ n. _____
Municipality of _____ ZIP code _____
Province _____
enrolled for the academic year _____ in the _____ year of the Master
of Science in Disaster and Health Crisis Management,
student number (matricola) _____
Telephone number: _____ / _____

ASK

or recognition of the activity of (please insert your job details)

carried out at

To this scope, I attach:

- _____
- _____
- _____

Place _____

date _____

Signature
