



ITEC400 Summer Training Confirmation Form

This form should be filled by the student and submitted to the summer training coordinator.

I would like to carry out summer training at the following establishment:

Establishment:

Name	
Field	
Address	
Fax	
Telephone	
e-mail	

Description of the work to be done:

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Student:

Name	
Std. No.	
Signature	
Date	