REQUEST TO EXTEND/INTERRUPT TRAINING AND ORIENTATION INTERNSHIP

In reference to the convention n°________ dated ______________ and to the internship of

_______________________________________________________________________________________

(Name and surname of the trainee)

Date of the start __________________ Date of the end __________________

We would like to request:

☐ Extension of the internship to ____________________________

We confirm that all the other elements of the training project remain unchanged (times and venue, objectives and methods of carrying out the internship, company tutor, possible facilities, etc.).

☐ Interruption of the internship from ____________________________

Place and date____________________________

X ______________________________  X ______________________________

Company Responsible  Trainee

The request to extend internship must be received at least 15 days before the deadline indicated on the training project by fax, e-mail or mail with acknowledgement of receipt.

The Director of the Department