

No. of

T O

Politehnica University of Timisoara

Faculty

I, the undersigned _____, student at the
Faculty _____, specialization _____, year of study
_____, group _____, telephone _____, e-mail _____, kindly
request your approval to carry out an internship at the institution / company
_____, located in _____ with
the field of activity _____,
address _____,
telephone _____, fax _____,

The details of the contact person at the institution / company are (surname and first name
/ address / phone number / e-mail)

_____.

Date,

Student,