



WORK PLACEMENT IN THE SUMMER

Please complete all fields carefully

First name:		Last name:	
Email:	Telephone number:	Student number:	
Student group:	Campus:	Degree programme:	

Name of placement organisation:

Address:

Post code and city:

Supervisors name:

Job title:

Telephone number:

Email:

Manager's name:

Job title:

Telephone number:

Email:

Start date: ___ / ___ 20__

Scope of the placement

End date: ___ / ___ 20__

(no. of credits and work weeks): _____

Placement as part of employment contract
(also complete the agreement on placement as part of employment contract)

The module title (OPS 2010) or
placement code (OPS 2015):

Date of completion or credit
transfer of theory studies
(e.g. spring 2019):

Teacher in charge of the
module/placement:

Teacher supervising the placement:

Supervising teacher can be contacted in summer
between: ___ / ___ 20__ and ___ / ___ 20__

Teacher's email address:

Teacher's telephone number:

How and when will supervision be organised?

The placement review discussion
will be held on (date):

The placement assignment
will be submitted to the teacher on:

Date: ___ / ___ 20__ **Place:** _____

Student's signature:

APPLICATION: Approved Rejected

Grounds for rejection:

Date and place:

Approved by (teacher in charge of the module
or the supervising teacher):
