

Master's Degree Course in Food and Health Science

CURRICULAR TRAINING ATTENDANCE REGISTER Host Organisation: Intern:

Host Organisation	Promoting Organisation	Intern surname and name
	UNIVERSITA' "G. d'Annunzio"	
	UďA	Month

Date	Internship	Total hours	Intern's signature	Signature of the
	location		_	Tutor in charge
				on-site
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Intern's signature	Signature of the Tutor in charge on-site	Seal of the Company/Organisation

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