



## WORK PLACEMENT IN THE SUMMER

Please complete all fields carefully

### Student

Last name:

---

Email:

---

Student group:

---

Campus:

---

First name:

---

Telephone number:

---

Student number:

---

Degree programme:

---

### Work placement

Name of placement organisation:

---

Address:

---

Post code and city:

---

Supervisors name:

---

Job title:

---

Email:

---

Telephone number:

---

Manager's name:

---

Job title:

---

Email:

---

Telephone number:

---

Start and end date:

---

Scope of the placement (no. of credits and work weeks):

---



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

**Studies**

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

---

Teacher in charge of the module/placement:

---

Teacher supervising the placement:

---

Teacher's email address:

---

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

---

Supervising teacher can be contacted in summer between:

---

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 and place:

---

**Application**


Approved

Rejected

Grounds for rejection:

Date and place:

---

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

---