**CÓDIGO DEL ACUERDO MARCO**



**CÓDIGO**

# ANNEX TO THE FRAMEWORK AGREEMENT BETWEEN THE UNIVERSITY OF LEON AND

**........................................................ ON WORK EXPERIENCE AND/OR UNDERGRADUATE OR MASTER'S DEGREE FINAL YEAR PROJECTS CARRIED OUT BY STUDENTS OF THE UNIVERSITY OF LEON**

**APPROVED BY THE GOVERNING COUNCIL ON THE 02/10/2014**

# ACADEMIC YEAR 201 / 201

*The undersigned state that the terms and conditions of the Framework Collaboration Agreement between the University of Leon and the partner entity have been read and accepted, pursuant to the provisions of clause one of aforementioned Agreement, certify the following information:*

**1.- Type of work experience:** □ Curricular □ Extracurricular

**2.- Student beneficiary** of this Agreement

## Surname and name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_National Identity Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The student declares that he/she has covered by Student Insurance or by another private insurance policy, under the terms of Agreement of Governing Council of 19/06/2013*

**3.- Degree course** on which the student is enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4.- Workplace and Location** where the activities will take place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **5.- Academic Tutor:** Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **6.- Tutor/co-tutor of the partner institution:** Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. - Duration of the Programme** (dd/mm/yy): from \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_ Total no. of days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours/day: \_\_\_\_\_\_\_\_\_\_\_

**8.-** [Where appropriate] The student will receive a compensation from the entity for study costs of \_\_\_\_\_\_\_ €/month, €/day, € for the entire period, payable. [1](#_bookmark0).

**9.-** Leave **entitlement** shall comply with applicable legislation and will also ensure that the student can attend his/her examinations and is able to fulfil his/her role in student representation and participation.

**10.-** The educational **goal** of a work experience placement is "for the student to apply and extend the knowledge gained in his/her academic education, encouraging the acquisition of skills that will prepare him/her for professional practice, facilitate his/her employability and foster his/her entrepreneurial capacity".

**11.- Training Project** of the experience placement (activities, competencies, specific objectives, etc.)

**12.-** Systems of **evaluation and supervision**.

In the case of curricular work experience, these systems shall be determined by the academic tutor (Art. 1.2.2 of the Regulation); in the case of extra-curricular work experience by the academic and partner institution tutors.

## Signed in quadruplicate in ........……........ on the........ of..................., 201....

ON BEHALF OF THE UNIVERSITY[2](#_bookmark1) STUDENT

Signed ………………….…………………………..…. Signed…………………………….. ACADEMIC TUTOR PARTNER INSTITUTION TUTOR/CO-TUTOR

Signed …………………………………………………. Signed …………………………………..

1. Specify form of payment
2. Coordinator of the Undergraduate or Master’s Degree, in the case of curricular work experience or Final Year Project. The person responsible in the Employment Office or International Office in the case of extra-curricular work experience.