FORM A

Letterhead of the Host Institution

TUTOR'S DECLARATION

I, the undersigned _____, in my capacity as Tutor of the trainee Dr./Ms./Mr._____,

DECLARE

that the internship carried out by Dr./Ms./Mr. _____ had/will have (*) a duration of _____ hours instead of the _____ hours originally scheduled, while maintaining the professional quality of the activities carried out under my responsibility and supervision, as indicated in the internship project. This has allowed/will allow the trainee to achieve the following learning objectives:

- _____
- _____
- _____
- _____
- _____

Sincerely,

Place, date

Tutor’s Signature

_____

(*) **INSTRUCTIONS FOR COMPLETION AND SUBMISSION**

If the internship is yet to begin, the option “has had” must be deleted, and Form A must be submitted together with Form D.

If the internship is already in progress, the option “will have” must be deleted, and Form A must be submitted at the end of the internship.