FORM B

Letterhead of the Host Institution

TPV INTERNSHIP EXTENSION DECLARATION

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

DECLARE

that the end date of the internship of Dr. _____, with a total duration of _____ hours, originally scheduled for _____, will be postponed to _____, for the following reason: _____

The professional quality of the activities carried out under my responsibility and supervision, as already indicated in the internship project, will remain unchanged.

Place, date

Tutor's Signature

_____

Acknowledged by
Signature of the Head of the Host Institution
(if different from the Tutor)

_____

Accepted by

Signature of the Trainee

_____

Date_____