FORM E

Letterhead of the hosting institution

COMMUNICATION FOR CHANGE OF INTERNSHIP LOCATION

I, the undersigned _____, in my capacity as Tutor of the institution_____,

HEREBY COMMUNICATE

that the intern Dr./Dr.ssa/Ms/Mr _____ will carry out some of the activities planned in the training project of the Practical Evaluation Internship (PEI) at the operational site _____ specify name and full address _____ of our institution from _____ to _____ for the following reason: _____

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

Place, date

Tutor's signature

_____

For acknowledgment
Signature of the Institution's Responsible
(if different from the Tutor)

_____

For acceptance
Intern's signature

_____

Date _____