International Affairs Office

UDLAP®

Registration of Field Practice Project abroad

Date: ___/___/___
dd mm yyyy

Name of the organization: _____

Name of owner or legal representative: _____

Address: _____
Street Number ZIP Code City State Country

Project and actions where trainees can participate and support in the organization.

Type of project: Choose an option

Modality: Choose an option

Name of the project: _____

Project description:

General objective:

Specific objectives:

Period in which the project is offered:

Example of Academic period: Fall II + Spring I

Type of trainees

Master's degree in:

Choose an option

Choose an option

Choose an option

Number of trainees required:

_____

_____

_____

Mention some characteristics and competences that the trainee should possess

General remarks