

Application International Student part-time assistantship 2020 – 2021 academic year

Mr./Ms. _____ year,
with identity card number _____ NIE/TIE _____ and
family address at _____ Postal code _____ Street
_____ No. _____ Door _____
Tel. No. _____ Mobile _____ E-mail _____ and
residing during the academic year at _____ Street _____
No. _____ Postal code _____ Tel. No. _____ with the appropriate respect

Declares:

That they learned of the selection session for the Collaboration Internships at CEU Cardenal Herrera University. That
in the 2020 – 2021 academic year they will be enrolled in _____
Program year _____ and _____ group

Accordingly,

They apply for:

Admission to selection procedure for session (in order of preference):

No. _____ under the name _____

No. _____ under the name _____

No. _____ under the name _____

Preferred timetable: mornings / afternoons

They declare under their own responsibility:

That they agree to the regulations that apply to the internship for which they apply.

That they are aware that a violation of the regulations will result in rejection of their application or cancellation of
their internship.

In _____ on _____

Signature: