**APPLICATION FOR PROLONGATION OF TRAINEESHIP**

ACADEMIC YEAR 20… - 20…

**TRAINEE DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| **LAST NAME** |  | **FIRST NAME** |  |
| **DATE OF BIRTH** |  | **FATHER’S NAME** |  |
| **FACULTY / DEPARTMENT** |  |

**RECEIVING ORGANISATION DATA**

|  |  |
| --- | --- |
| **NAME OF THE ORGANISATION** |  |
| **COUNTRY** |  | **ADDRESS** |  |

I hereby request the prolongation of my exchange traineeship period at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_.

**REASONS** (mandatory field):

|  |  |
| --- | --- |
| 1. I need more time to finish my duties |  |
| 2. I need extra months of experience |  |
| 3. That job is so interesting that I want to stay as long as I can |  |

Other reason/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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…../…../…..

 (Trainee’s signature) (Date)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **RECEIVING ORGANISATION**  | I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) (position)hereby recommend the prolongation of the exchange traineeship of the aforementioned trainee.EVALUATION OF TRAINEE’S PERFORMANCE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRAINEE’S QUALITIES** | **INEFFICIENT** | **EFFICIENT** | **VERY EFFICIENT** | **EXCELLENT** |
| **INITIATIVE / RESPONSIBILITY** |  |  |  |  |
| **TEAMWORK ADAPTABILITY** |  |  |  |  |
| **QUALITATIVE PERFORMANCE** |  |  |  |  |
| **QUANTITATIVE PERFORMANCE** |  |  |  |  |
| **DILIGENCE, ENTHUSIASM, COMPLIANCE WITH WORKING HOURS** |  |  |  |  |

If the trainee’s performance is inefficient, please comment on why you feel there is a decline inhis/her performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_…./…./….Supervisor’s Signature Date Stamp |
| **HOME INSTITUTION** | I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) (position)hereby approve the prolongation of the exchange traineeship of the aforementioned trainee.…./…./….Supervisor’s Signature Date Stamp |