**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 in  his/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 |