**ANNEX III**

**APPLICATION FOR AUTHORIZATION OF AN EXTERNAL ACADEMIC INTERNSHIP AT A PARTNER ORGANIZATION OF THE UPV/EHU**

Mr/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the person responsible at the partner organization, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I guarantee that this organization fulfils the requirements set forth in Article 21 of the UPV/EHU Regulations governing External Academic Internships and I **request authorization** for the following Educational Cooperation Programme:

|  |  |
| --- | --- |
| **Name of the internship to be undertaken** |  |
| **Total number of hours in the internship** |  |
| **Location of the internship** |  |
| **Internship mentor** |  |
| **Student** |  |
| **Degree course** |  |
| **University where the student is enrolled** |  |

**Financial aid package:**

|  |  |  |
| --- | --- | --- |
| **Total amount of the financial aid package** for the student(if there is NO financial aid, enter “No aid” after Amount) | | Amount: ……………………………  ……………………………………….euros |
| Budgetary application: | | | |
| 1. ORGANIC |  | | |
| 1. FUNCTIONAL |  | | |
| 1. ECONOMIC |  | | |
| The payment of this amount will be made at the end of the internship, or in two instalments if the internship is for more than six months. | | | |

As the person responsible for the Partner Organization, I guarantee that the credit to meet the amount of the Financial Aid Package and the corresponding Social Security contributions is available in the budgetary application indicated above and can be used for this purpose. Likewise, I take responsibility for the procedures to guarantee the payment of the Financial Aid Package and compliance with the tax and social security obligations established by current legislation.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| PERSON RESPONSIBLE FOR THE PARTNER ORGANIZATION | APPROVAL OF THE MENTOR |
| Signature | Signature |

Mr/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, Director, or Vice-Chancellor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZES the Partner Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to undertake the Educational Cooperation Programme described in this application.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_

(signature and stamp)