



**Master's Degree in Advanced and Professional Mathematics
Proposal for In-Company Placements and the Placement Report**

FULL NAME:
DNI:
ACADEMIC ADVISOR:
ACADEMIC YEAR:

• INFORMATION ON COMPANY/INSTITUTION

NAME:	NIF :
ADDRESS :	
TELEPHONE NO :	EMAIL ADDRESS :
Name of Legal Signatory to Placement Agreement:	
In-company Supervisor:	Supervisor's Email Address:
Period of Placement :	
Work Timetable:	Total Hours :
Work Address :	
Student Stipend:	Economic Contribution to UB:

• TITLE, OBJECTIVES AND BRIEF DESCRIPTION OF THE PROPOSED PLACEMENT REPORT:

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Barcelona

In-company Supervisor's Signature
(with company seal)

Student's Signature

Academic Advisor's Signature

Approval of the Coordination Committee