

ANNEX VIII. REQUEST FOR TERMINATION/INTERRUPTION OF EXTERNAL ACADEMIC PLACEMENT

Placement Reference (if applicable):

PLACEMENT STUDENT

| | | | | |
|--------------------|------------|-----------------|------------|--|
| NAME AND SURNAME: | | | ID NUMBER: | |
| PHONE NUMBER: | | E-MAIL: | | |
| STUDYS: | | | | |
| FACULTY/SCHOOL: | | | | |
| CAMPUS: | | | | |
| TYPE OF PLACEMENT: | Curricular | Extracurricular | | |

COLLABORATING ENTITY

| | | | |
|-------|--|-------------|--|
| NAME: | | VAT NUMBER: | |
|-------|--|-------------|--|

ENTITY SUPERVISOR

SUPERVISOR 1

| | | | | |
|-------------------|--|-------------------------------------|------------|--|
| NAME AND SURNAME: | | | ID NUMBER: | |
| POSITION: | | HOURS ASSIGNED FOR THE SUPERVISION: | | |
| PHONE NUMBER: | | E-MAIL: | | |

SUPERVISOR 2

| | | | | |
|-------------------|--|-------------------------------------|------------|--|
| NAME AND SURNAME: | | | ID NUMBER: | |
| POSITION: | | HOURS ASSIGNED FOR THE SUPERVISION: | | |
| PHONE NUMBER: | | E-MAIL: | | |

SUPERVISOR 3

| | | | | |
|-------------------|--|-------------------------------------|------------|--|
| NAME AND SURNAME: | | | ID NUMBER: | |
| POSITION: | | HOURS ASSIGNED FOR THE SUPERVISION: | | |
| PHONE NUMBER: | | E-MAIL: | | |

ACADEMIC SUPERVISOR

SUPERVISOR 1

| | | | | |
|-------------------|--|-------------------------------------|------------|--|
| NAME AND SURNAME: | | | ID NUMBER: | |
| DEPARTMENT: | | HOURS ASSIGNED FOR THE SUPERVISION: | | |
| PHONE NUMBER: | | E-MAIL: | | |

Universidade de Vigo

SUPERVISOR 2

| | | | |
|--------------------|--|-------------------------------------|--|
| NAME AND SURNAMES: | | ID NUMBER: | |
| DEPARTMENT: | | HOURS ASSIGNED FOR THE SUPERVISION: | |
| PHONE NUMBER: | | E-MAIL: | |

TERMINATION/ WITHDRAWAL

Termination effective date:

| | |
|--|--|
| Reasons: | |
| <i>(to be completed by the student)</i> | Non-compliance with the training project |
| | Lack of time for studies |
| | Awarding of another placement period |
| | Disagreements (or non-consensual changes) in the characteristics of the placement |
| | Employment contract in the same company-institution |
| | Employment contract in another company/institution |
| | Personal reasons |
| | Student Illnesses |
| Other reasons: | |
| <i>(to be completed by The collaborating entity)</i> | Non-compliance with the training project |
| | Changes in the characteristics of the placement |
| | Extended student absences |
| | Other reasons: |

OBSERVATIONS

| | |
|----------|-----------------------|
| STUDENT: | COLLABORATING ENTITY: |
| | |

Place and date:

Name, surname, and asignature:

ACADEMIC SUPERVISOR 1

ACADEMIC SUPERVISOR 2

STUDENT

ENTITY SUPERVISOR 1

ENTITY SUPERVISOR 2

ENTITY SUPERVISOR 3

INSTRUCTIONS:

- In case of curricular placements: submit this document, duly signed, to the academic supervisor or to the placement coordinator of your faculty/school.
- In case of extracurricular placements, submit this document, duly signed, to the Fundación da Universidade de Vigo.

BASIC INFORMATION ABOUT THE PROTECTION OF YOUR DATA:

Responsible Entity: Universidade de Vigo

Purpose: To manage and process educational cooperation agreements and to carry out external placements, job offers and practical training exchanges at the Universidade de Vigo.

Legitimacy: The processing of personal data collecting in this document is based on the powers attributed by the organic law 6/2001, of 21 December, on universities and developed by Royal Decree 592/2014, of 1 July, which regulates the external academic placements of university students.

Transfer: Not foreseen

Rights: Interested parties may exercise the following rights: access, rectification, deletion, limitation of processing, opposition and, where appropriate, data portability.

Origin of the information: The information collected in this form comes from the interested party or his/her legal representative.

Additional Information: uvigo.gal/proteccion-datos