

## ANNEX VII. TERMS AND CONDITIONS OF EXTERNAL ACADEMIC PLACEMENTS MODIFICATION REQUEST

Placement Reference (if applicable):

### PLACEMENT STUDENT

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

### COLLABORATING ENTITY

NAME:		VAT NUMBER:	
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### 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 SURNAMES:		ID NUMBER:	
DEPARTMENT:		HOURS ASSIGNED FOR THE SUPERVISION:	
PHONE NUMBER:		E-MAIL:	

**SUPERVISOR 2**

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

**MODIFICATION AGREED BY BOTH PARTIES**

EFFECTIVE DATE:

INFORMATION TO BE MODIFIED:	Extension of the placement period
	Temporary suspension
	Total Hours
	Schedule
	Training Project
	Supervisor of the collaborating entity
	University Supervisor
	Add a supervisor from the collaborating entity
	Add a university supervisor
	Remuneration
	Travels
	Other reasons:
REASONS FOR THE MODIFICATION:	
<p>DETAILS OF THE DATA TO BE MODIFIED</p> <p>For Example:</p> <ul style="list-style-type: none"> <li>In case of new supervisors, please indicate name and surname, phone number and e-mail</li> <li>In case of a new end date: please, indicate it</li> </ul>	

Place and date:

Name, surname and signature:

ACADEMIC SUPERVISOR 1

ACADEMIC SUPERVISOR 2

STUDENT

ENTITY SUPERVISOR 1

ENTITY SUPERVISOR 2

ENTITY SUPERVISOR 3

## **INSTRUCTIONS:**

1. In case of **curricular placements**: submit this document, duly signed, to the academic supervisor or to the placement coordinator of your faculty/school.
2. 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](http://uvigo.gal/proteccion-datos)