ATTENDANCE REGISTER OF THE MONTH _____

Company or Institution hosting the trainee	**Trainee's Name and Surname**	**Promoting Institution** UNIVERSITA' DEGLI STUDI DI NAPOLI PARTHENOPE

Place of internship	**Date**	**Entry and exit**	**Number of hours**	**Trainee's signature**	**Tutor's signature**

NOTE: Please fill in the Attendance register monthly. Please specify the month. Please use a single form for each month.

Total number of hours _____Total number of days_____

Trainee's signature	***Stamp of the Host Insitution and tutor's signature***